ANNUAL STATEMENT

OF THE

UAHC HEALTH PLAN OF TENNESSEE			
of	MEMPHIS		
UI	IVICIVIFIIO		
in the state of	TENNESSEE		

TO THE

Insurance Department

OF THE

TENNESSEE

FOR THE YEAR ENDED

December 31, 2008

HEALTH

2008

March 9, 2009

Mr. Stephen Harris Chief Financial Officer UAHC Health Plan of Tennessee 1991 Corporate Avenue, Fourth Floor Memphis, Tennessee 38132

Confidential

Dear Stephen:

Enclosed is our statement of actuarial opinion dated March 9, 2009. A copy of the representation letter should be attached to the actuarial opinion.

This opinion is based on a review of actuarial liabilities and related items identified herein, as shown in the annual 2008 statutory statement of UAHC Health Plan of Tennessee, Inc. This opinion has been prepared for the sole purpose of attaching it to the above described statement, in accordance with the instructions for completing the health statement blank.

Publication or use of the opinion, except as specifically provided above is prohibited without our prior written consent.

Ingenix Consulting

James E. Drennan

Fellow, Society of Actuaries

James & Drennan

Member, American Academy of Actuaries

JED:bah

Enclosure

UAHC HEALTH PLAN OF TENNESSEE, INC.

STATEMENT OF ACTUARIAL OPINION - 2008

I, James E. Drennan, a member of the American Academy of Actuaries, am a Principal with the firm of Ingenix Consulting, which has been retained by UAHC Health Plan of Tennessee, Inc. (Company) to render this opinion. I meet the Academy qualification standards for rendering the opinion and am familiar with the valuation requirements applicable to life and health insurance companies.

I have examined the actuarial assumptions and actuarial methods used in determining reserves and related actuarial items listed below, as shown in the annual statement of the Company, as prepared for filing with state regulatory officials for year 2008. Tabulated below are those reserves and related actuarial items.

Claims unpaid (less \$ reinsurance ceded) (Page 3, Line1)	\$ 1,878,000
Accrued medical incentive pool and bonus payments (Page 3, Line 2)	\$ 0
Unpaid claims adjustment expenses (Page 3, Line 3)	\$ 182,000
Aggregate health policy reserves (Page 3, Line 4)	\$ 0
Aggregate health claim reserves (Page 3, Line 7)	\$ 0

In forming my opinion on the reserves above, I relied upon data prepared by Stephen Harris, Chief Financial Officer, as certified in the attached statements. I evaluated that data for reasonableness and consistency. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

My review covered the effect on reserves of incentive contracts with service providers and potential provider insolvencies. My review included consideration of the potential impact on reserves of contractual arrangements between the Company and service providers. Based on that review and the opinion provided by the Company regarding the separate amounts included to cover potential performance default by at-risk providers, I believe the amounts shown above appropriately recognize the financial impact of contracts between service providers and the Company and the financial strength of at-risk providers.

In my opinion the reserves and related actuarial values concerning the statement items identified above:

- (a) Are computed in accordance with presently accepted actuarial standards consistently applied and are fairly stated, in accordance with sound actuarial principles;
- (b) Are based on actuarial assumptions that produce reserves at least as great as those called for in any contract provision as to reserve basis and method, and are in accordance with all other contract provisions;

Mr. Stephen Harris March 9, 2009 Page 3

- (c) Meet the requirements of the Insurance Law and regulation of the state of Tennessee; and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed;
- (d) Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- (e) Are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and
- (f) Include provision for all actuarial reserves and related statement items which ought to be established.

This statement of actuarial opinion is not based upon an asset adequacy analysis.

The Underwriting and Investment Exhibit – Part 2B was prepared consistent with "Section 3.6, Follow-Up Studies" contained in Actuarial Standard of Practice No. 5, <u>Incurred Health and Disability Claims</u> which was adopted by the Actuarial Standards Board in December 2000 (Effective May 1, 2001).

The actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

This opinion is updated annually as required by statute. To the best of my knowledge, there have been no material changes from the applicable date of the annual statement to the date of the rendering of this opinion which should be considered in reviewing this opinion.

The impact of the unanticipated events subsequent to the date of this opinion is beyond the scope of this opinion.

James E. Drennan

Fellow, Society of Actuaries

James & Drennan

Member, American Academy of Actuaries

March 9, 2009

JED:bah

Ingenix Consulting 2170 Satellite Blvd, Suite 150 Duluth, GA 30097 Phone: (678) 417-4904





Representation Concerning Matters Pertaining to Examination of Statutory Actuarial Items

To: Ingenix Consulting

FROM: UAHC Health Plan of Tennessee

In connection with your examination of the unpaid claim liability to be included in the statutory annual statement of UAHC Health Plan of Tennessee (UAHC) as of December 31, 2008, I represent that to the best of my knowledge and belief:

- 1. All information which would affect the actuarial items examined has been given to you;
- Basic records, listings, summaries and other information furnished to you, and underlying the calculation of the actuarial items identified below, are accurate and complete, and were derived from the records and data which form the basis of the annual statement for the year ending December 31, 2008,
- No methods or procedures employed by UAHC, now or in the past, would preclude the accurate determination of the actuarial items examined; and,
- At risk providers are in a financial position to meet all liabilities under risk sharing contracts, including incentive and capitation contracts, and if not, the Company has accrued an appropriate liability to cover the risk.

I understand that you have relied on these items to perform your analysis and have not audited the accuracy or completeness of these items.

With respect to assets and liabilities of UAHC Health Plan of Tennessee as of December 31, 2008, I represent that to the best of my knowledge and belief, the statutory statement, together with related exhibits, schedules and explanation therein contained, annexed or referred to, is a complete and fair statement of all the assets and liabilities and the condition of affairs of the Company as of December 31, 2008.

Signed

Name

Stephen Hayres

Title

CFO

Date

1/26/09

Address

Phone Number 3/3 393-457/

Managed by United American of Tennessee, Inc.



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2008

OF THE CONDITION AND AFFAIRS OF THE **UAHC Health Plan of Tennessee Inc** NAIC Group Code NAIC Company Code Employer's ID Number 62-1547197 0000 0000 t Period) (Curre (Prior Period) State of Domicile or Port of Entry_ Organized under the Laws of TN **Country of Domicile** Licensed as business type: Life, Accident & Health Property/Casualty Hospital, Medical & Dental Service or Indemnity [[] **Dental Service Corporation** Vision Service Corporation Health Maintenance Organization [] [] [] Is HMO Federally Qualified? Yes[]No[] [] Incorporated/Organized: Commenced Business: October 6, 1993 January 3, 1994 Statutory Home Office: 1769 Paragon Suite 100 Memphis, TN 38132 (City or Town, State and Zip Code) Main Administrative Office: 1769 Paragon Suite 100 (Street and Number) Memphis, TN 901-348-2201 (City or Town, State and Zip Code) (Area Code) (Telephone Number) Mail Address: 1769 Paragon Suite 100 Memphis, TN 38132 (Street and Number or P.O. Box) (City or Town, State and Zip Code) Primary Location of Books and Records: 1769 Paragon Suite 100 38132 Memphis, TN 901-348-2201 (Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) Internet Website Address: 901-348-4422 Statutory Statement Contact: Stephen Harris (Name) (Telephone Number) (Extension) (Area Code) sharris@uahc.com 901-348-2212 (E-Mail Address) (Fax Number) **OFFICERS** Name Title Chief Executive Officer Stephanie Dowell 2. Stephen Harris Chief Financial Officer 3. **VICE-PRESIDENTS** Name Title Name Title **DIRECTORS OR TRUSTEES** Tom Goss Stephanie Dowell Stephen Harris Samuel King Grover Barnes, M.D. Kingsley Oraedu, M.D. Griselle Figueredo, M.D. Lloyd Robinson Logan Miller, M.D. Neal Beckford, M.D. Stan Sawyer William Brooks Ricky Wilkins

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above. and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statem electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

ature) (Signature) (5 (Signature) Stephanie Dowel Harris Steph (Printed Name) (Printed Name) 3. 2. 1. Chief Executive Office (Title) [X]Yes []No

TENNESSEE

State of

MARCH 2nd day of 2009 acquell

> My Commission Expires May 31, 2010



a. Is this an original filing?

b. If no: 1. State the amendment number

2 Date filed

3. Number of pages attached

2398. Summary of remaining write-ins for Line 23 from overflow page 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)

ASSETS

	AGGLIG				
-			Current Year		Prior Year
		1	2	3	4
				Net Admitted	
			Nonadmitted	Assets	Net Admitted
		Assets	Assets	(Cols. 1 - 2)	Assets
1.	Bonds (Schedule D)	10,553,424		10,553,424	9,607,094
2.	Stocks (Schedule D):				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens 3.2 Other than first liens				
4.	3.2 Other than first liens Real estate (Schedule A):				
٦.	4.1 Properties occupied by the company (less \$ 0 encumbrances)				
	4.2 Properties held for the production of income (less \$ 0 encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$ 1,931,607, Schedule E - Part 1), cash equivalents (\$ 0,				
	Schedule E - Part 2), and short-term investments (\$ 4,744,734, Schedule DA)	6,676,341		6,676,341	8,733,394
6.	Contract loans (including \$ 0 premium notes)				
7.	Other invested assets (Schedule BA)				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets	47,000,705		47.000.705	10.010.100
10.	· · · · · · · · · · · · · · · · · · ·			17,229,765	18,340,488
12.	The selection of the se	177,784		177,784	368,683
13.		177,784		177,704	, , , , , , , , , , , , , , , , , , , ,
10.	13.1 Uncollected premiums and agents' balances in the course of collection	816,797		816,797	1,064,529
	13.2 Deferred premiums, agents' balances and installments booked but deferred				
	and not yet due (including \$ 0 earned but unbilled premiums)				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				
	14.2 Funds held by or deposited with reinsured companies				
4-	14.3 Other amounts receivable under reinsurance contracts				
i	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon Net deferred tax asset				271 000
	Current, funda respirable or an densait				271,990
	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets (\$ 0)				
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care (\$ 105,209) and other amounts receivable	1,188,117	1,153,117	35,000	326,642
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 10 to 23)	19,412,463	1,153,117	18,259,346	20,372,332
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25)	40 440 400	4.450.447	40.050.040	00 070 000
26.	Total (Lines 24 and 25)	19,412,463	1,153,117	18,259,346	20,372,332
	DETAIL OF WATER WATER				
	DETAILS OF WRITE-IN LINES				
0901.					
0902.					
0903.					
	Summary of remaining write-ins for Line 09 from overflow page Totals (Lines 0904 through 0903 blue 0908) (Line 09 above)				
2301.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)				
2301.					
2302.					
l	Summary of remaining write-ins for Line 23 from overflow page				

LIABILITIES, CAPITAL AND SURPLUS

			Current Year		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ 0 reinsurance ceded)	1,878,000		1,878,000	
2.					
3.	Unpaid claims adjustment expenses			182,000	59,000
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	209,621		209,621	160,110
10.1	Current federal and foreign income tax payable and interest thereon				
	(including \$ 0 on realized gains (losses))	1,194,833		1,194,833	1,323,996
10.2	Net deferred tax liability				
	Ceded reinsurance premiums payable				
	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
	Borrowed money (including \$ 0 current) and interest				
	thereon \$ 0 (including \$ 0 current)				
15	Amounts due to parent, subsidiaries and affiliates			116,818	
16.	Develop for acquirities				
	Funds held under reinsurance treaties (with \$ 0 authorized				
	reinsurers and \$ 0 unauthorized reinsurers)				
18.	Defendance to the death of controller				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured plans				
21.	Aggregate write-ins for other liabilities (including \$ 0 current)			1,578,397	1,950,044
22.	Total Pala Pignar (Prince Auto OA)	E 450 000		5,159,669	3,493,150
23.	Aggregate write-ins for special surplus funds		XXX	3,159,009	3,493,130
23. 24.	Commence consists at all	VVV	XXX	200 000	200,000
	Duft and a safet stand			200,000	1
25.			XXX	12,550,000	12,550,000
	Gross paid in and contributed surplus		XXX		
27.	Surplus notes	XXX	XXX		
28.	Aggregate write-ins for other than special surplus funds		XXX	040.077	4.000.074
29.	Unassigned funds (surplus)	XXX	XXX	349,677	1,866,274
30.					
	30.1 0 shares common (value included in Line 24 \$ 0)	.	XXX		
	30.2 0 shares preferred (value included in Line 25 \$ 0)	XXX	XXX		
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	13,099,677	14,616,274
32.	Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	18,259,346	18,109,424

DETAILS OF WRITE-IN LINES				
2101. PREMIUM TAX PAYABLE	816,796		816,796	1,064,529
2102. A/P - OTHER	29,181		29,181	42,253
2103. MEDICARE LIS (OVER/UNDER)	607,319		607,319	423,909
2198. Summary of remaining write-ins for Line 21 from overflow page	125,101		125,101	419,353
2199. Totals (Lines 2101 through 2103 plus 2198) (Line 21 above)	1,578,397		1,578,397	1,950,044
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	XXX	XXX		
2801.	XXX	XXX		
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX		
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Curre	nt Year	Prior Year
		1	2	3
		Uncovered	Total	Total
1.	Member Months	XXX	1,002,447	1,275,167
2.	Net premium income (including \$ 0 non-health premium income)	XXX	11,063,240	5,710,555
3.	Change in unearned premium reserves and reserve for rate credits	XXX		
4.		XXX		
5.	Risk revenue	XXX		
6.	Aggregate write-ins for other health care related revenues	XXX	2,381,946	781,803
7.	Aggregate write-ins for other non-health revenues			
8.	Total revenues (Lines 2 to 7)	XXX	13,445,186	6,492,358
	tal and Medical:			
9.	Hospital/medical benefits		5,177,723	909,245
10.	Other professional services		2,514,932	900,458
11.				
12.	Emergency room and out-of-area		153,713	
13.			2,302,426	1,154,596
14.	Aggregate write-ins for other hospital and medical		(148,188)	2,233,387
15.				
16.			10,000,606	5,197,686
Less:				
17.	Net reinsurance recoveries			
18.	Total hospital and medical (Lines 16 minus 17)		10,000,606	5,197,686
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$ 506,213 cost containment expenses		795,213	670,691
21.	General administrative expenses		3,307,458	(876,450)
22.	Increase in reserves for life and accident and health contracts (including			
	\$ 0 increase in reserves for life only)			
23.	, , , , , , , , , , , , , , , , , , , ,		14,103,277	4,991,927
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(658,091)	1,500,431
25.			659,168	795,631
26.	Net realized capital gains (losses) less capital gains tax of \$ 0			
27.	Net investment gains (losses) (Lines 25 plus 26)		659,168	795,631
28.	Net gain or (loss) from agents' or premium balances charged off [(amount			
	recovered \$ 0) (amount charged off \$ 0)]			
	Aggregate write-ins for other income or expenses			(1,497,816)
30.	Net income or (loss) after capital gains tax and before all other federal income taxes			
	(Lines 24 plus 27 plus 28 plus 29)	XXX	1,077	798,246
	Federal and foreign income taxes incurred	XXX	418,386	977,389
32.	Net income (loss) (Lines 30 minus 31)	XXX	(417,309)	(179,143)

	DETAILS OF WRITE-IN LINES			
0601.	TENNCARE SHARED RISK REVENUE	XXX	2,381,946	781,803
0602.		xxx		
0603.		xxx		
0698.	Summary of remaining write-ins for Line 06 from overflow page	XXX		
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	XXX	2,381,946	781,803
0701.		XXX		
0702.		XXX		
0703.		XXX		
0798.	Summary of remaining write-ins for Line 07 from overflow page	XXX		
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	XXX		
1401.	MEDICARE ACCRUAL		(148,188)	2,233,387
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		(148,188)	2,233,387
2901.	CLAIMS AUDIT / AMENDMENT 3			(1,497,816)
2902.				
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			(1,497,816)

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	14,616,274	11,699,210
34.	Net income or (loss) from Line 32	(417,309)	(179,143
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$ 0.		122,44
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax	(797,536)	797,53
39.	Change in nonadmitted assets	(266,615)	2,176,22
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in		
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)	(1,516,597)	2,917,05
49.	Capital and surplus end of reporting period (Line 33 plus 48)	13,099,677	14,616,27

	DETAILS OF WRITE-IN LINES			
4701.		 	 	
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1	2
Cash from Operations	Current Year	Prior Year
Premiums collected net of reinsurance		5,802,224
Net investment income		829,695
3. Miscellaneous income		775,411
4. Total (Lines 1 through 3)	14,515,607	7,407,330
5. Benefit and loss related payments		2,970,69
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	2 020 160	4 247 72
7. Commissions, expenses paid and aggregate write-ins for deductions8. Dividends paid to policyholders		1,247,73
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	547,549	23,04
40 7 4 4 4 4 5 4 4 5 6	44 = 4 = 00 =	4,241,46
10. Total (Lines 5 through 9) 11. Net cash from operations (Line 4 minus Line 10)		3,165,86
Cash from Investments	(100,420)	0,100,00
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	11,405,265	
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets]	
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		3,019,79
12.8 Total investment proceeds (Lines 12.1 to 12.7)	11,405,265	3,019,79
13. Cost of investments acquired (long-term only):		
13.1 Bonds	12,363,747	
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications 13.7 Total investments acquired (Lines 13.1 to 13.6)	108,658	
	12,472,405	
14. Net increase (decrease) in contract loans and premium notes15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,067,140)	3,019,79
	(1,007,140)	3,019,79
Cash from Financing and Miscellaneous Sources 16. Cash provided (applied):		
16.1 Surplus nates capital nates		
16.2 Capital and paid in surplus, less treasury stock		
16.2 Degraved finds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	(700.405)	724,75
17. Net cash from financing and miscellaneous sources (Lines 16.1 to Line 16.4 minus Line 16.5		,
plus Line 16.6)	(790,485)	724,75
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(2,057,053)	6,910,40
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year		1,822,98
19.2 End of year (Line 18 plus Line 19.1)	6,676,341	8,733,394

Note: Supplemental disclosures of cash flow information for non-cash transactions:	
20.0001	
20.0002	
20,0003	

Report #2A TENNCARE OPERATIONS STATEMENT OF REVENUE AND EXPENSES

Statement as of December 31, 2008 of UAHC Health Plan of TN, Inc.

		Current Period	Current Year to Date	Prior Calendar Year
	MEMBER MONTHS	94,673	992,434	1,270,122
	REVENUES:			
1.	TennCare Capitation	40,976,393	199,841,236	206,313,119
2.	Investment	173,329	659,168	795,631
3.	Other Revenue (Provide detail)	8,343,515	23,775,744	45,859,299
4.	TOTAL REVENUES (Lines 1 to 3)	49,493,237	224,276,148	252,968,048
	EXPENSES:		, i	
	Medical and Hospital Services			
5.	Capitated Physician Services	443,170	4,853,135	6,508,229
6.	Fee-for-Service Physician Services	4,436,752	19,145,656	20,686,600
7.	Inpatient Hospital Services	8,766,138	42,722,689	46,653,148
	Outpatient Services	13,878,776	69,327,207	69,863,890
9.	Emergency Room Services	5,578,445	25,104,839	22,447,200
10.	Mental Health Services	-	-	,,
11.	Dental Services	_	-	_
12.	Vision Services	377,506	1,660,010	1,587,685
13.	Pharmacy Services	-	-	-
14.	Home Health Services	281,624	1,287,015	1,604,105
15.	Chiropractic Services		-	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16.	Radiology Services	721,295	3,721,992	4,126,065
17.	Laboratory Services	330,895	1,723,396	2,399,071
18.	Durable Medical Equipment Services	590,314	2,251,078	2,321,147
19.	Transportation Services	1,523,691	7,400,564	6,761,813
20.	Outside Referrals		- , , , , , , , , , , , ,	
	Medical Incentive Pool and Withhold Adjustments	_	_	_
22.	Occupancy, Depreciation, and Amortization	_	_	_
23.	Other Medical and Hospital Services (Provide detail)	10,275,135	25,815,720	47,156,191
24.	Subtotal (Lines 5 to 23)	47,203,741	205,013,300	232,115,143
25.	Reinsurance Expenses Net of Recoveries		-	
	LESS:			
26.	Copayments	-	-	-
27.	Subrogation	-	-	-
28.	Coordination of Benefits	(217,862)	(1,467,011)	(1,007,776
29.	Subtotal (Lines 26 to 28)	(217,862)	(1,467,011)	(1,007,776
30.	TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29)	46,985,879	203,546,289	231,107,367
	Administration:			•
31.	Compensation	668,665	4,281,547	4,857,074
	Marketing	-		
	Interest Expense	-	-	-
34.	Premium Tax Expense	865,988	4,324,126	4,520,716
	Occupancy, Depreciation and Amortization	55,725	234,252	247,060
	Other Administration (Provide detail)	2,022,784	8,924,518	9,922,967
	TOTAL ADMINISTRATION (Lines 31 thru 36)	3,613,161	17,764,444	19,547,816
	,	-,,	,,	-,,
38.	TOTAL EXPENSES (Lines 30 and 37)	50,599,040	221,310,733	250,655,183
39.	NET INCOME (LOSS) (Line 4 less 38)	(1,105,803)	2,965,415	2,312,865

Report #2A (con't) TENNCARE OPERATIONS STATEMENT OF REVENUE AND EXPENSES

Statement as of December 31, 2008 of UAHC Health Plan of TN, Inc.

Line 3 - Other Revenue	Current Period	Current Year to Date	Prior Calendar Year
Administrative Fee Revenue from State	1,172,522	11,731,680	14,968,111
Revenue from State for Premium Tax	1,136,993	4,571,859	4,612,385
Miscellaneous Revenue Shared Risk Revenue Pharmacy Rebates	- - -	1,438,205 -	781,802 -
IBNR	6,034,000	6,034,000	25,497,000
Total	8,343,515	23,775,744	45,859,299
Line 23 - Other Medical and Hospital Services			
Other Referral/Specialist Services Other	4,241,135 -	19,781,720 -	21,659,191 -
Physical Therapy	-	-	-
IBNR	6,034,000	6,034,000	25,497,000
Total	10,275,135	25,815,720	47,156,191
Line 36 - Other Administration			
Accounting Services	22,500	101,200	90,423.75
Legal Services	-	63,208	11,757.74
Professional Services	968,246	4,333,829	4,350,592.65
Board of Directors' Meetings	998	40,579	48,120.51
Outreach/Member Services	6,945	209,641	230,166
Bank Charges	10,796	41,622	27,729.28
Administrative Expenses	1,079,267	3,914,781	2,718,194.31
Consumables	28,396	214,796	420,477.94
Travel & Entertainment	3,574	101,494	150,683.80
Other Administrative Expenses	1,524	60,526	1,497,816
Provision for Income Taxes	(108,672)	418,386	977,388.67
Deferred Income Tax	(0)	(797,536)	(797,536)
Other Professional Services	9,210	221,993	197,152
Total	2,022,784	8,924,518	9,922,966

(148,188)

1303.

1398. Summary of remaining write-ins for Line 13 from overflow page

1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

0502. 0503. 0598. Summary of remaining write-ins for Line 05 from overflow page 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 2,381,946 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 0599. Totals (Lines 0501	9 10 Other Other Health Non-Health	Title XIX Othe	7 Title XVIII Medicare	6 Federal Employees Health Benefit Plan	5 Vision Only	4 Dental Only	3 Medicare Supplement	2 Comprehensive (Hospital & Medical)	1 Total	
2. Change in unearroad promium reserves and reserve for rate credit 3. Fee this reversive field of S 0. medical expenses) 4. Risk revenue 2. 381,946 XXX			11,063,240						11,063,240	Net premium income
3. Fee-for-revire (refer of \$ 0 modical expenses) 4. Risk revenue 5. Aggregate write-ins for other health care related revenues 2.381,946 8. Aggregate write-ins for other health care related revenues 2.381,946 8. Aggregate write-ins for other health care related revenues 8. 13,445,166 8. Thotal revenues (Lines 1 to 6) 8. 13,445,166 8. Start revenues (Lines 1 to 6) 8. 13,445,166 8. 14,445,166 8. Start revenues (Lines 1 to 6) 8. 15,177,723 9. Other professional services 2.514,932 9. Other professional services 2.514,932 10. Custaine dereirals 11. Emergency room and out-of-see 12. 20,32,426 9. 23,0										
4. Risk trevenue 2.381,946	XXX									Fee-for-service (net of \$ 0 medical expenses)
6. Aggregate write-ins for other non-health care related revenues	XXX									
7. Total revenues (Lines 15 no 6)	XXX	2,381,946							2,381,946	Aggregate write-ins for other health care related revenues
8. Hospital/medical benefits 5,177,723 5,177,723 7,177,23 7,		XXX XX	XXX	XXX	XXX	XXX	XXX	XXX		Aggregate write-ins for other non-health care related revenues
9. Other professional services 2,514,932 2,514,932 153,713 153,713 153,713 153,713 153,713 153,713 153,713 12, Prescription drugs 2,202,426 2,302,426 2,302,426 14,188) 16,1889 16		2,381,946	11,063,240						13,445,186	Total revenues (Lines 1 to 6)
10. Outside referrals	XXX									Hospital/medical benefits
10. Outside referrals	XXX		2,514,932						2,514,932	Other professional services
12 Pescription drugs	XXX									Outside referrals
13. Aggregate write-ins for other hospital and medical (148,188) (148,18	XXX									Emergency room and out-of-area
14. Incertive pool, withhold adjustments and bonus amounts 15. Subtotal (Lines 8 to 14) 10,000,606 10	XXX									
15. Subtotal (Lines 8 to 14)	XXX		(148,188)						(148,188)	Aggregate write-ins for other hospital and medical
16. Net reinsurance recoveries 10,000,606 10,000,606	XXX									ncentive pool, withhold adjustments and bonus amounts
17. Total hospital and medical (Lines 15 minus 16) 10,000,606	XXX		10,000,606						10,000,606	Subtotal (Lines 8 to 14)
18. Non-health claims (net)	XXX									
19. Claims adjustment expenses including \$ 506,213 cost containment expenses 795,213 2.0 General administrative expenses 3,307,458 3,307,458 3,307,458 3,307,458 3,307,458 3.307	XXX		10,000,606						10,000,606	Fotal hospital and medical (Lines 15 minus 16)
20. General administrative expenses 3,307,458 21. Increase in reserves for accident and health contracts 22. Increase in reserves for life contracts 23. Total underwriting deductions (Lines 17 to 22) 14,103,277 24. Net underwriting gain or (loss) (Line 7 minus Line 23) (658,091) (3,040,037) 2,381,946 2. DETAILS OF WRITE-IN LINES	XXX	XXX XX	XXX	XXX	XXX	XXX	XXX	XXX		
21. Increase in reserves for accident and health contracts										Claims adjustment expenses including \$ 506,213 cost containment expenses
22. Increase in reserves for life contracts XXX			3,307,458						3,307,458	General administrative expenses
23. Total underwriting deductions (Lines 17 to 22)	XXX									
DETAILS OF WRITE-IN LINES	XXX	XXX XX		XXX	XXX	XXX	XXX	XXX		
DETAILS OF WRITE-IN LINES			14,103,277							
TENNCARE SHARED RISK REVENUE 2,381,946 2,381,946		2,381,946	(3,040,037)						(658,091)	Net underwriting gain or (loss) (Line 7 minus Line 23)
TENNCARE SHARED RISK REVENUE 2,381,946 2,381,946										
502. 503. 598. Summary of remaining write-ins for Line 05 from overflow page 2,381,946 599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 2,381,946 601. XXX										
503. 598. Summary of remaining write-ins for Line 05 from overflow page 2,381,946 XXX XXX <td>XXX</td> <td>2,381,946</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2,381,946</td> <td>FENNCARE SHARED RISK REVENUE</td>	XXX	2,381,946							2,381,946	FENNCARE SHARED RISK REVENUE
1598. Summary of remaining write-ins for Line 05 from overflow page 2,381,946 2,381,	XXX									
599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above) 2,381,946	XXX									
601. XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX									
602. XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX								2,381,946	Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)
603. XXX XXX <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> </td> <td></td>										
698. Summary of remaining write-ins for Line 06 from overflow page XXX XXX XXX XXX XXX XXX XXX XXX										
699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above) XXX										
301. MEDICARE ACCRUAL (148,188) (148,188)	XXX	XXX XX		XXX	XXX	XXX	XXX	XXX		

(148,188)

XXX XXX

XXX

XXX

XXX

PART 1 – PREMIUMS

	1	2	3	4
	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
Comprehensive (hospital and medical)				
Medicare Supplement				
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan	1			
6. Title XVIII – Medicare	11,063,240		76,855	10,986,385
7. Title XIX – Medicaid				
8. Other health				
9. Health subtotal (Lines 1 through 8)	11,063,240		76,855	10,986,385
10. Life				
11. Property/casualty				
12. Totals (Lines 9 to 11)	11,063,240		76,855	5 10,986,385

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2 Comprehensive	3	4	5	6 Federal	7 Title	8 Title	9	10
	Total	(Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Employees Health Benefits Plan	XVIII Medicare	XIX Medicaid	Other Health	Other Non-Health
Payments during the year:										
1.1 Direct	10,148,794						10,148,794			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	19,819						19,819			
1.4 Net	10,128,975						10,128,975			
Paid medical incentive pools and bonuses							1			
Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,878,000						1,878,000			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	1,878,000						1.878.000			
Claim reserve December 31, current year from Part 2D:										
4.1 Direct				•						
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
Acrued medical incentive pools and bonuses, current year										
6 Not healthear receivables (a)	(384,906)						(384,906)			
Met rieatificale receivables (a) Amounts recoverable from reinsurers December 31, current year	(304,900)						(304,900)			
Claim liability December 31, prior year from Part 2A:										
	0.000.000						0.000.000			
8.1 Direct	2,262,908						2,262,908			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	2,262,908						2,262,908			
9. Claim reserve December 31, prior year from Part 2D:						-				
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year						.				
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:						1				
12.1 Direct	10,148,792					.	10,148,792			
12.2 Reinsurance assumed						.				1
12.3 Reinsurance ceded	19,819						19,819			
12.4 Net	10,128,973						10,128,973			
13. Incurred medical incentive pools and bonuses										

(a) Excludes \$ loans or advances to providers not yet expensed.

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

1	2	3	4	5	6 Federal	7	8	9	10
	Comprehensive				Employees	Title	Title		
	(Hospital &	Medicare	Dental	Vision	Health	XVIII	XIX	Other	Other
Total	Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Health	Non-Health
					1				
1.878.000						1.878.000			
1 878 000						1 878 000			
						1,575,000			
1						1 979 000			
	1,878,000 1,878,000	Comprehensive (Hospital & Medical) 1,878,000 1,878,000	Comprehensive (Hospital & Medicare Supplement 1,878,000 1,878,000	Comprehensive (Hospital & Medicare Supplement Only 1,878,000 1,878,000	Comprehensive (Hospital & Medicare Supplement Only Only Only	Comprehensive (Hospital & Medicare Dental Vision Health Medical) Supplement Only Only Benefits Plan 1,878,000 1,878,000	Comprehensive (Hospital & Medicare (Hospital & Medicare) Supplement Only Only Benefits Plan Medicare	Comprehensive (Hospital & Medicare (Hospital & Supplement)	Comprehensive (Hospital & Medicare Dental Nision Health XVIII XIX Other Total Nedical) Supplement Only Only Benefits Plan Medicare Medicaid Health 1,878,000

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

	Clai	ims	Claim Reser Liability De		5	6
	Paid Durin	g the Year	of Curre	ent Year	Claims	Estimated Claim
	1	2	3	4	Incurred	Reserve and
	On Claims Incurred	On Claims Incurred	On Claims Unpaid	On Claims Incurred	in	Claim Liability
	Prior to January 1	During the	December 31	During the	Prior Years	December 31
Line of Business	of Current Year	Year	of Prior Year	Year	(Columns 1 + 3)	of Prior Year
Comprehensive (hospital and medical)						
Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII – Medicare	1,868,160	5,913,329	172,503	1,705,497	2,040,663	2,262,908
7. Title XIX – Medicaid	.					
8. Other health						
9. Health subtotal (Lines 1 through 8)	1,868,160	5,913,329	172,503	1,705,497	2,040,663	2,262,908
10. Health care receivables (a)	. [
11. Other non-health	. [
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	1,868,160	5,913,329	172,503	1,705,497	2,040,663	2,262,908

(a) Excludes \$ loans or advances to providers not yet expensed.

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted) Hospital & Medical

Section A - Paid Health Claims

		Cumulative Net Amounts Paid											
Year in Which Losses Were Incurred	1	2	3	4	5								
Were Incurred	2004	2005	2006	2007	2008								
1. Prior													
2. 2004													
3. 2005	XXX												
4. 2006	XXX	XXX											
5. 2007	XXX	XXX	XXX										
6. 2008	XXX	XXX	XXX	XXX									

Section B - Incurred Health Claims

			Sum of Cumulative Net Amoun	t Paid and Claim Liability, Claim Reserve and Medic	al Incentive Pool and Bonuses					
Outstanding at End of Year										
	Year in Which Losses	1	2	3	4	5				
12.	Were Incurred	2004	2005	2006	2007	2008				
₫	1. Prior									
	2. 2004									
	3. 2005	XXX								
	4. 2006	XXX	XXX							
İ	5. 2007	XXX	XXX	XXX						
	6. 2008	XXX	XXX	XXX	XXX					

] 1	2] 3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2004										
2. 2005										
3. 2006										
4. 2007										
5. 2008		1								

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Medicare Supplement

Section A - Paid Health Claims

		Cumulative Net Amounts Paid											
Year in Which Losses Were Incurred	1	2	3	4	5								
Were Incurred	2004	2005	2006	2007	2008								
1. Prior													
2. 2004													
3. 2005	XXX												
4. 2006	XXX	XXX											
5. 2007	XXX	XXX	XXX										
6. 2008	XXX	XXX	XXX	XXX									

Section B - Incurred Health Claims

			Sum of Cumulative Net Amo	unt Paid and Claim Liability, Claim Reserve and Medic Outstanding at End of Year	cal Incentive Pool and Bonuses	
	Year in Which Losses Were Incurred	1	2	3	4	5
12.1	Were Incurred	2004	2005	2006	2007	2008
S	1. Prior					
	2. 2004					
	3. 2005	XXX				
	4. 2006	XXX	XXX			
	5. 2007	XXX	XXX	XXX		
	6. 2008	XXX	XXX	XXX	XXX	

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2004										
2. 2005										
3. 2006										
4. 2007										
5. 2008				1						

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted) Dental Only

Section A - Paid Health Claims

		Cumulative Net Amounts Paid										
Year in Which Losses Were Incurred	1	2	3	4	5							
Were Incurred	2004	2005	2006	2007	2008							
1. Prior												
2. 2004												
3. 2005	XXX											
4. 2006	XXX	XXX										
5. 2007	XXX	XXX	XXX									
6. 2008	XXX	XXX	XXX	XXX								

Section B - Incurred Health Claims

			Sum of Cumulative Net Amoun	t Paid and Claim Liability, Claim Reserve and Medic	al Incentive Pool and Bonuses									
			Outstanding at End of Year											
	Year in Which Losses	1	2	3	4	5								
12.1	Were Incurred	2004	2005	2006	2007	2008								
8	1. Prior													
	2. 2004													
	3. 2005	XXX												
İ	4. 2006	XXX	XXX											
İ	5. 2007	XXX	XXX	XXX										
	6. 2008	XXX	XXX	XXX	XXX									

	1	2	3	4	5	6	7	8	9	10	
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent	
1. 2004											
2. 2005				1	1						
3. 2006											
4. 2007											
5. 2008											

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted) Vision Only

Section A - Paid Health Claims

		Cumulative Net Amounts Paid										
Year in Which Losses	1	2	3	4	5							
Were Incurred	2004	2005	2006	2007	2008							
1. Prior												
2. 2004	.											
3. 2005	XXX											
4. 2006	XXX	XXX										
5. 2007	XXX	XXX	XXX									
6. 2008	XXX	XXX	XXX	XXX								

Section B - Incurred Health Claims

			Sum of Cumulative Net Amoun	t Paid and Claim Liability, Claim Reserve and Medic	al Incentive Pool and Bonuses								
			Outstanding at End of Year										
	Year in Which Losses	1	2	3	4	5							
12.1	Were Incurred	2004	2005	2006	2007	2008							
õ	1. Prior												
	2. 2004												
	3. 2005	XXX											
ĺ	4. 2006	XXX	XXX										
	5. 2007	XXX	XXX	XXX									
	6. 2008	XXX	XXX	XXX	XXX								

	1	2	3	4	5	6	7	8	9	10	
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent	
1. 2004											
2. 2005				1	1						
3. 2006											
4. 2007											
5. 2008											

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Federal Employee Health Benefits Plan

Section A - Paid Health Claims

		Cumulative Net Amounts Paid										
Year in Which Losses Were Incurred	1	2	3	4	5							
Were Incurred	2004	2005	2006	2007	2008							
1. Prior												
2. 2004												
3. 2005	XXX											
4. 2006	XXX	XXX										
5. 2007	XXX	XXX	XXX									
6. 2008	XXX	XXX	XXX	XXX								

Section B - Incurred Health Claims

			Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses											
			Outstanding at End of Year											
	Year in Which Losses	1	3	4	5									
12	Year in Which Losses Were Incurred	2004	2005	2006	2007	2008								
₩.	1. Prior													
	2. 2004													
	3. 2005	XXX												
	4. 2006	XXX	XXX											
	5. 2007	XXX	XXX	XXX										
	6. 2008	XXX	XXX	XXX	XXX									

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2004										
2. 2005										
3. 2006										
4. 2007										
5. 2008				1						

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Title XVIII - Medicare

Section A - Paid Health Claims

		Cumulative Net Amounts Paid										
Year in Which Losses	1	2	3	4	5							
Were Incurred	2004	2005	2006	2007	2008							
1. Prior												
2. 2004												
3. 2005	XXX											
4. 2006	XXX	XXX										
5. 2007	XXX	XXX	XXX	3,108	1,868							
6. 2008	XXX	XXX	XXX	XXX	5,913							

Section B - Incurred Health Claims

			Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses											
			Outstanding at End of Year											
	Year in Which Losses	4	5											
2	Were Incurred	2004	2005	2006	2007	2008								
₹	1. Prior													
	2. 2004													
	3. 2005	XXX												
	4. 2006	XXX	XXX											
	5. 2007	XXX	XXX	XXX		172								
	6. 2008	XXX	XXX	XXX	XXX	1,706								

	1 1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2004										
2. 2005										
3. 2006										
4. 2007	5,711	3,108	671	21.589	3,779	66.171	2,263	160	6,202	108.597
5. 2008	11,063	7,781	795	10.217	8,576	77.520	1,878	210	10,664	96.393

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Title XIX - Medicaid

Section A - Paid Health Claims

		Cumulative Net Amounts Paid							
Year in Which Losses Were Incurred	1	2	3	4	5				
Were Incurred	2004	2005	2006	2007	2008				
1. Prior									
2. 2004									
3. 2005	XXX								
4. 2006	XXX	XXX							
5. 2007	XXX	XXX	XXX						
6. 2008	XXX	XXX	XXX	XXX					

Section B - Incurred Health Claims

			Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses								
			Outstanding at End of Year								
	Year in Which Losses	1	1 2 3 4								
<u>1</u> 2	Were Incurred	2004	2005	2006	2007	2008					
≃	1. Prior										
	2. 2004										
	3. 2005	XXX									
İ	4. 2006	XXX	XXX								
	5. 2007	XXX	XXX	XXX							
	6. 2008	XXX	XXX	XXX	XXX						

	1	2	3	4	5	6	7	8	9	10	
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent	
1. 2004							(1,076)		(1,076)		1
2. 2005											
3. 2006											
4. 2007		(144)			(144)				(144)		
5. 2008											

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted) Other

Section A - Paid Health Claims

		Cumulative Net Amounts Paid							
Year in Which Losses Were Incurred	1	2	3	4	5				
Were Incurred	2004	2005	2006	2007	2008				
1. Prior									
2. 2004									
3. 2005	XXX								
4. 2006	XXX	XXX							
5. 2007	XXX	XXX	XXX						
6. 2008	XXX	XXX	XXX	XXX					

Section B - Incurred Health Claims

			Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses								
			Outstanding at End of Year								
	Year in Which Losses	Year in Which Losses 1 2 3 4									
12.	Year in Which Losses Were Incurred	2004	2005	2006	2007	2008					
윽[1. Prior										
	2. 2004										
	3. 2005	XXX									
	4. 2006	XXX	XXX								
	5. 2007	XXX	XXX	XXX							
	6. 2008	XXX	XXX	XXX	XXX						

	1	2	3	4	5	6	7	8	9	10	
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent	
1. 2004											
2. 2005				1	1						
3. 2006											
4. 2007											
5. 2008											

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted) Grand Total

Section A - Paid Health Claims

		Cumulative Net Amounts Paid								
Year in Which Losses	1	2	3	4	5					
Were Incurred	2004	2005	2006	2007	2008					
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX	3,108	1,868					
6. 2008	XXX	XXX	XXX	XXX	5,913					

Section B - Incurred Health Claims

			Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses							
			Outstanding at End of Year							
	Year in Which Losses 1 2 3					5				
12.	Were Incurred	2004	2005	2006	2007	2008				
욕	1. Prior									
	2. 2004									
	3. 2005	XXX								
	4. 2006	XXX	XXX							
	5. 2007	XXX	XXX	XXX		172				
	6. 2008	XXX	XXX	XXX	XXX	1,706				

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2004							(1,076)		(1,076)	
2. 2005										
3. 2006										
4. 2007	5,711	2,964	671	22.638	3,635	63.649	2,263	160	6,058	106.076
5. 2008	11,063	7,781	795	10.217	8,576	77.520	1,878	210	10,664	96.393

NONE Underwriting and Investment Exhibit - Part 2D

PART 3 – ANALYSIS OF EXPENSES

		Claim Adjustn	nent Expenses	3	4	5
		1	2			
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
		Expenses	Expenses	Expenses	Expenses	Total
1.	Rent (\$ 0 for occupancy of own building)			415,586		415,586
2.				4,393,364		5,848,978
3.						
	\$ 0 assumed)			112,083		112,083
4.	Legal fees and expenses			736,936		736,936
5.	Certifications and accreditation fees	4=0.404		23,182		181,663
6.	Auditing, actuarial and other consulting services	286,990		1,222,522		1,509,512
7.		00.575		231,439		254,014
8.	Marketing and advertising	1,448		331,525		332,973
9.	Postage, express and telephone			239,249		324,744
10.	Printing and office supplies			358,583		445,587
11.				383,682		383,682
12.						
13.	Cost or depreciation of EDP equipment and software					
14.	Outsourced services including EDP, claims, and other services			3,763,760		4,143,251
15.	Boards, bureaus and association fees	260		7,842		8,102
16.	Insurance, except on real estate			292,549		292,549
17.				41,622		41,622
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans	(4.004.055)	(289,000)	(9,640,825)		(11,731,680)
20.	Reimbursements from fiscal intermediaries					
21.						
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes					
	23.2 State premium taxes					
	23.3 Regulatory authority licenses and fees					
	23.4 Payroll taxes	00.577		216,673		315,250
	23.5 Other (excluding federal income and real estate taxes)			13,393		13,393
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses	310,133		164,293		474,426
26.	Total expenses incurred (Lines 1 to 25)	795,213		3,307,458		(a) 4,102,671
27.	Less expenses unpaid December 31, current year			209,621		209,621
28.	Add expenses unpaid December 31, prior year			160,110		160,110
29.	Amounts receivable relating to uninsured					
	plans, prior year					
30.	Amounts receivable relating to uninsured					
	plans, current year					
31	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	795,213		3,257,947		4,053,160

DETAILS OF WRITE-IN LINES				,
2501. BOOKS & SUBSCRIPTIONS EXPENSE	260		7,633	 7,893
2502. TEMPORARY PERSONNEL EXPENSE			25,703	25,703
2503. EMPLOYEE RELATIONS EXPENSE	(20)		33,283	33,263
2598. Summary of remaining write-ins for Line 25 from overflow page	309,893		97,674	407,567
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	310,133		164,293	474,426

⁽a) Includes management fees of \$ 0 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		I INCOME	
		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 293,594	258,430
1.1	Bonds exempt from U.S. tax	(a)	
1.2		(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	* * * * * * * * * * * * * * * * * * * *	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.		(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 556,748	400,738
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	850,342	659,168
11.			(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h).
14.	Depreciation on real estate and other invested assets		[.(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)	:	659,168
	DETAILS OF WRITE-IN LINES	,	
0901.		1	
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 09 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)		
1501.	(,
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		
(a)	Includes \$ 0 accrual of discount less \$ 0 amortization of premium and		ued interest on purchases.
(b)	Includes \$0 accrual of discount less \$0 amortization of premium and		ued dividends on purchases.
(c)	Includes \$ 0 accrual of discount less \$ 0 amortization of premium and	less \$0 paid for accr	ued interest on purchases.
(d)	Includes \$ 0 for company's occupancy of its own buildings; and excludes \$	0 interest on encumbrances.	
(e)	Includes \$ 0 accrual of discount less \$ 0 amortization of premium and	less \$0 paid for accr	ued interest on purchases.
(f)	Includes \$ 0 accrual of discount less \$ 0 amortization of premium.		
(g)		and fees, excluding federal income to	axes,
,	attributable to segregated and Separate Accounts.	•	
(h)	Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes		
(i)	Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other		
(')	Troidage with the proposition on real estate and with the probability of other	myootou assots.	

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized				
		Gain (Loss)	Other	Total Realized		Change in Unrealized
		on Sales or	Realized	Capital Gain (Loss)	Change in Unrealized	Foreign Exchange
		Maturity	Adjustments	(Columns 1 + 2)	Capital Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds				(35,137)	
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)				(35,137)	

	DETAILS OF WRITE-IN LINES			
0901.				
0902.				
0903.				
0998.	Summary of remaining write-ins for Line 09 from overflow page			
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			

EXHIBIT OF NONADMITTED ASSETS

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
. 3.	Mortgage loans on real estate (Schedule B): 3.1 First liens			
	2.0 Othershop first lines			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2), and short-term			
	investments (Schedule DA)			
	Contract loans			
7. 8.	Describble for a service			
9.	Aggregate write ine for invested agests			
10.				
	Title plants (for Title insurers only)			
	Investment income due and accrued			
13.	Premiums and considerations:			
	13.1 Uncollected premiums and agents' balances in the course of collection			
	13.2 Deferred premiums, agents' balances and installments booked but deferred			
	and not yet due			
	13.3 Accrued retrospective premiums			
14.	Reinsurance:			
	14.1 Amounts recoverable from reinsurers			
	14.2 Funds held by or deposited with reinsured companies			
15	14.3 Other amounts receivable under reinsurance contracts Amounts receivable relating to uninsured plans			
15. 16.1	Comment for dearly and foreign in some two security and interest the some			
	Net defended to const		525,546	525,546
17.	Guaranty funds receivable or on deposit			
18.	Electronic data processing equipment and software			
19.	From the send on inspect including booth one delices sent			
20.	Net adjustment in assets and liabilities due to foreign exchange rates			
21.	Receivables from parent, subsidiaries and affiliates			
22.	Health care and other amounts receivable	1,153,117	360,956	(792,161)
23.	Aggregate write-ins for other than invested assets			
24.	Total assets excluding Separate Accounts, Segregated Accounts and			
0.5	Protected Cell Accounts (Lines 10 to 23)	1,153,117	886,502	(266,615)
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25)	1,153,117	886,502	(266 615)
26.	Total (Lines 24 and 23)	1,100,117	000,302	(266,615)
	DETAILS OF WRITE-IN LINES			
0004				
0901.				
0902. 0903.				
	Summary of remaining write-ins for Line 09 from overflow page			
	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			
2301.				
2302.				
2303.				

2398. Summary of remaining write-ins for Line 23 from overflow page

2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

			6			
	1	2	3	4	5	
						Current Year
	Prior	First	Second	Third	Current	Member
Source of Enrollment	Year	Quarter	Quarter	Quarter	Year	Months
Health Maintenance Organizations	106,005	102,168	101,034	97,744	804	1,002,447
2. Provider Service Organizations						
Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
Aggregate write-ins for other lines of business						
7. Total	106,005	102,168	101,034	97,744	804	1,002,447

	DETAILS OF WRITE-IN LINES			
	0601.			
	0602.			
•	0603.			
	0698. Summary of remaining write-ins for Line 06 from overflow page			
	0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	ļ		

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed						
0299999 Total group						
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	816,796					816,79
0400000 Tromano dao ana anpara montinodicala oritito	010,100					010,10
						.
	1					
	1					
	1					.]
						.
						.
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	816,796					816,79

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
STATE OF TENNESSEE PARTNER'S RX	35,000			1,082,908 70,209	1,082,908 70,209	35,000
0599998 Risk sharing Receivables Not Individually Listed						
0599999 Risk sharing Receivables	35,000			1,153,117	1,153,117	35,000
0799999 Gross Health Care Receivables	35,000			1,153,117	1,153,117	35,000

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

	Aging Analysis of Orlpaid Claims										
1	2	3	4	5	6	7					
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total					
Claims Unpaid (Reported)											
						4.000					
0599999 Unreported claims and other claim reserves			1			1,878					
0799999 Total claims unpaid						1,878					
			1								
			1								
			1								
			1								
			1								
			1								
			1								
			1								
						l					
		[l					
		I			l	1					
		I			l	1					
			1								
		1	1		1	1					

EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
							8
Name of Affiliates	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
UNITED AMERICAN OF TENNESSEE				22,349	22,349		
0199999 Individually listed receivables				22,349	22,349		
0299999 Receivables not individually listed							
0299999 Receivables not individually listed							
	1						
	1			1			
	1			1			
	1						
	1			1			
1	1			1	l		
					l	l	
0200000 Total gross amounts re-selected				00.040	20.240		
0399999 Total gross amounts receivable	1	I		22,349	22,349	1	

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
UNITED AMERICAN OF TENNESSEE	TPL REIMBURSEMENT	139,167		139,167
0199999 Individually listed payable	1	139,167		139,167
0299999 Payables not individually listed	1			
	1			
	1			
				1
	1	1		1
				1
***************************************	·····			
	·····			
0399999 Total gross payables		139,167		139,167

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	7,846,371	100.000	1,002,447	124682.463	7,846,371	
2. Intermediaries	l					
3. All other providers						
Total capitation payments	7,846,371	100.000	1,002,447	124682.463	7,846,371	
Other Payments:						
5. Fee-for-service			XXX	XXX		
Contractual fee payments			XXX	XXX		
Bonus/withhold arrangements – fee-for-service			XXX	XXX		
Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
Non-contingent salaries			XXX	XXX		
Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments			XXX	XXX		
13. Total (Line 4 plus Line 12)	7,846,371	100.000	XXX	XXX	7,846,371	

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
			NE		
9999999 Totals			XXX	XXX	XXX

NONE Exhibit 8 - Furniture, Equipment, and Supplies Owned

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of UAHC Health Plan, Inc. are presented on the basis of accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance.

The Tennessee Department of Commerce and Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Tennessee for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Tennessee Insurance Law. The National Association of Insurance Commissions' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Tennessee.

There are no reconciling items between the Company's net income and capital and surplus between NAIC SAP practices prescribed and permitted by the state of Tennessee.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

TennCare capitation revenues are recognized as health insurance coverage is provided to enrollees.

In addition, the company uses the following accounting policies:

- (1) Cash and cash equivalents include cash and all highly liquid investments with an original maturity of one year or less.
- (2) The carrying values of cash and cash equivalents, receivables, and fixed maturities approximate fair values of these instruments.
- (3) Comprehensive income is the total of net income and all other non-ownership changes in equity, as required by Financial Accounting Standard No. 130, Reporting Comprehensive Income.
- (4) The Company provides for medical claims incurred but not reported based primarily on past experience, together with current factors, using accepted actuarial methods. Estimates are adjusted as changes in these factors occur, and such adjustments are reported in the year of determination. Although considerable variability is inherent in such estimates, management believes that these reserves are adequate.
- (5) Fixed maturities are comprised of investments in certificates of deposit, federal agency debt securities, and U.S. Treasury notes carried at fair value, based upon published quotations of the underlying security, and six-month certificates of deposit, carried at cost plus interest earned, which approximates fair value. Fixed maturities placed in escrow to meet statutory funding requirements, although considered available for sale, are not reasonably expected to be used in the normal operating cycle of the

Company and are classified as noncurrent. All other available-for-sale securities are classified as current.

Premiums and discounts are amortized or accreted, respectively, over the life of the related debt security as an adjustment to yield using the yield-to-maturity method. Interest income is recognized when earned. Realized gains and losses on investments are included in investment income and are derived using the specific identification method for determining the cost of securities sold; <u>Unrealized gains and losses on fixed maturities are recorded as a separate component of stockholders' equity, net of deferred federal income taxes.</u>

2. Accounting Changes and Corrections of Errors

A. Material Changes in Accounting Principles and/or Correction of Errors

None

B. Cumulative Effect of Changes in Accounting Principles as a Result of the Initial Implementation of Codification

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Tennessee. Effective January 1, 2001, the State of Tennessee required that insurance companies domiciled in the State of Tennessee prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures manual subject to any deviations prescribed or permitted by the State of Tennessee insurance commissioner.

Accounting changes adopted to conform to the provision of the NAIC Accounting Practices and Procedures manual are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods.

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans None
- B. Debt Restructuring None
- C. Reverse Mortgages None
- D. Loan-Backed Securities None
- E. Repurchase Agreements None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

The total amount excluded was \$0.

8. **Derivative Instruments**

None

9. **Income Taxes**

A. The components of the net deferred tax asset (liability) at December 31, 2008 and 2007 are as follows:

	2008	2007
Total of all deferred tax assets (admitted and		
nonadmitted)	\$ -	\$ 797,536
Total of all deferred tax liabilities	\$ -	\$ -
Total deferred tax assets nonadmitted in accordance		
with SSAP No. 10, Income Taxes	\$ -	\$ -
Increase/(decrease) in nonadmitted deferred tax assets	\$ (797,536)	\$ -

B. The components of income tax expense (benefit) for the years ended December 31, 2008 and 2007 are as follows:

		2008		2007
Current Deferred	\$ _\$	418,386 	\$ _\$	977,389 (797,536)
Total	_\$_	418,386	_\$	179,853

C. Deferred income taxes arise primarily from net operating loss carry-forwards and unrealized investment holding gains. As of December 31, 2008, the company has utilized all of its net operating loss carry forwards for tax purposes.

10. Information Concerning Parent, Subsidiaries and Affiliates

At December 31, 2008, the Company reported \$116,818 as accounts payable due to the Parent Company, United American of Tennessee, Inc.

The Parent Company, United American of Tennessee, Inc. has contracted with the Company to provide management services for their Medicaid and Medicare HMO.

The Parent Company, United American of Tennessee, Inc. owns 100% of the Company's common stock and all of the Company's outstanding preferred stock.

11. **Debt**

None

12. Retirement Plans, Deferred Compensation, Post employment Benefits and **Compensated Absences and Other Postretirement Benefit Plans**

None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

The Company has 89,100,000 shares of common stock authorized with 8,000,000 shares issued and outstanding. The stock has a par value of \$0.025. The Company has 12,550,000 shares of Series A preferred stock authorized, issued and outstanding. The stock has a par value of \$1.00 and is nonvoting, nonconvertible and non-dividend bearing. The stock has a liquidation preference of \$1.00 per share and is subject to redemption at any time by the Company at 110% of par value.

14. Contingencies

None

15. Leases

The company leases its facilities under an operating lease that expires in December 2010. The lease commenced in April 2005. Terms of the facility lease generally provide that the Company pay it's pro rata share of all operating expenses including insurance, property taxes and maintenance. Rent Expense for the year ended December 31, 2008 and 2007 totaled \$381,645 and \$475,777 respectively. Based on the current lease agreement, the company estimates rent expense of approximately \$784,107 in aggregated or \$388,584, \$395,523, \$0, \$0 for years 2008 through 2012.

The Company has subleased its leased Tennessee facility to a third party effective beginning April 2009 and ending December 31, 2010. The Company recorded a liability of \$0.1 million related to the remaining lease obligation.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. September 11 Events

None

21. Other Items

On April 22, 2008, the Company learned that UAHC-TN will cease providing managed care services as a TennCare contractor when its present TennCare contract expires. UAHC-TN's TennCare members transferred to other managed

care organizations on November 1, 2008, after which UAHC-TN continued perform its remaining contractual obligations through its TennCare contract expiration date of June 30, 2009. However, revenue under this contract was only earned through October 31, 2008. Management believes that the discontinuance of the TennCare contract will have a material impact on the Company's operations.

22. Events Subsequent

None

23. Reinsurance

Under an Agreement with an insurer for the Company's Medicare product, 90% of inpatient medical claim costs in excess of \$100,000 up to \$1,000,000 per enrollee for the plan year, as defined, are paid by the insurer. Furthermore, our agreement with an insurer includes outpatient coverage that is limited to \$1,500 per day. During 2008, the Company had \$19,819 medical claim cost paid under the stop-loss agreement. The Company paid premiums to the insurer totaling \$76,855 for 2008.

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly by the company or by any representative, officer, trustee, or director of the company? NO
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? NO

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit? NO
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? NO

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include

policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

NO

B. Uncollectible Reinsurance

None

C. Commutation of Ceded Reinsurance

None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

25. Change in Incurred Claims and Claim Adjustment Expenses

There has been no change in the provision for incurred claim and claim adjustment expenses attributable to insured events of prior years.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

	Е	stimated				Actual		Actual		Actual
	Re	ebates per		Actual	F	≀ebates	R	ebates!	F	?ebates
	F	Financial	F	Rebates	Re	ceived in	Re	ceived in	Re	ceived in
Quarter Ended:	S1	tatements	_C	onfirmed	</td <td>90 days</td> <td>91-</td> <td>180 days</td> <td>>1</td> <td>80 days</td>	90 days	91-	180 days	>1	80 days
December 31, 2008	\$	105,209	\$	70,209	\$	34,494	\$	-	\$	-
September 30, 2008	\$	95,109	\$	65,109	\$	30,615	\$	34,494	\$	_
June 30, 2008	\$	88,398	\$	58,398	\$	27,783	\$	30,615	\$	34,494
March 31, 2008	\$	77,037	\$	47,037	\$	19,254	\$	27,783	\$	30,615
December 31, 2007	\$	46,629	\$	46,629	\$	_	\$	_	\$	_
September 30, 2007	\$	8,810	\$	8,810	\$	3,416	\$	_	\$	_
June 30, 2007	\$	8,810	\$	8,810	\$		\$	3,416	\$	_
March 31, 2007	\$	· _	\$	· -	\$	_	\$	· -	\$	_
							·		•	
December 31, 2006	\$	_	\$	_	\$	_	\$	_	\$	_
September 30, 2006	\$	_	\$	_	\$	_	\$	_	\$	_
June 30, 2006	\$	_	\$	_	\$	_	\$	_	\$	_
March 31, 2006	\$	_	\$	_	\$	_	\$	_	\$	_

B. Risk Sharing Receivables

Through an amendment with an effective date of July 1, 2005, TennCare implemented a modified risk arrangement ("MRA") with all its contracted MCOs, which are at risk for losing up to 10% of administrative fee revenue and potentially could receive up to 20% incentive bonus revenue based on performance relative to benchmarks (through June 30, 2007). The Company

received notice from TennCare that it earned additional revenue of \$1.0 million for its performance under the modified risk arrangement for fiscal 2008. The Company has recorded a receivable of \$943,741 associated with fiscal 2008 bonus revenue at December 31, 2008.

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting $$	of two or more affiliated	
	persons, one or more of which is an insurer?		Yes [X] No []
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Come Superintendent or with such regulatory official of the state of domicile of the principal in System, a registration statement providing disclosure substantially similar to the standard Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Comparant model regulations pertaining thereto, or is the reporting entity subject to standards substantially similar to those required by such Act and regulations?	nsurer in the Holding Company ards adopted by the National any System Regulatory Act	Yes[X] No[] N/A[]
4.0			
1.3	State Regulating?		TENNESSEE
2.1	Has any change been made during the year of this statement in the charter, by-laws, a settlement of the reporting entity?	rticles of incorporation, or deed of	Yes[]No[X]
2.2	If yes, date of change:		
3.1	State as of what date the latest financial examination of the reporting entity was made	or is being made.	04/18/2182
3.2	State the as of date that the latest financial examination report became available from the reporting entity. This date should be the date of the examined balance sheet and recompleted or released.		06/30/2008
	completed of released.		
3.3	State as of what date the latest financial examination report became available to other the state of domicile or the reporting entity. This is the release date or completion date not the date of the examination (balance sheet date).		11/06/2008
3.4	By what department or departments? TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE		
3.5	Have all financial statement adjustments within the latest financial examination report to subsequent financial statement filed with departments?	peen accounted for in a	Yes[] No[X] N/A[]
3.6	Have all of the recommendations within the latest financial examination report been co	mplied with?	Yes[] No[X] N/A[]
4.1	During the period covered by this statement, did any agent, broker, sales representative sales/service organization or any combination thereof under common control (other that reporting entity) receive credit or commissions for or control a substantial part (more that of business measured on direct premiums) of: 4.11 sales of new 4.12 renewals?	an salaried employees of the an 20 percent of any major line	Yes[] No[X] Yes[] No[X]
4.2	During the period covered by this statement, did any sales/service organization owned reporting entity or an affiliate, receive credit or commissions for or control a substantial any major line of business measured on direct premiums) of:	' '	
	4.21 sales of new	business?	Yes [] No [X]
	4.22 renewals?		Yes[]No[X]
5.1	Has the reporting entity been a party to a merger or consolidation during the period consolida	vered by this statement?	Yes[]No[X]
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use any entity that has ceased to exist as a result of the merger or consolidation.	two letter state abbreviation) for	
	1	2	3
	Name of Entity	NAIC Company Code	State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[]No[X]

2 If yes, give	full inform	iation.						
Does any	foreign (no	on-United States) person or entity directly or in	directly control 10% or more of the report	rting entity?		Yes	[] No[X]	
If yes,								
	7.21 7.22	State the percentage of foreign control. State the nationality(s) of the foreign pers reciprocal, the nationality of its manager (e.g., individual, corporation, government,	or attorney-in-fact and identify the type of					
		1		2				
		Nationality	Туре с	of Entity				
Is the com	pany a sub	osidiary of a bank holding company regulated	by the Federal Reserve Board?			Yes	[] No[X]	
If response	e to 8.1 is v	yes, please identify the name of the bank hold	ling company.					
Is the com	pany affilia	ated with one or more banks, thrifts or securities	es firms?			Yes	[] No[X]	
affiliates re	nptroller of	y a federal financial regulatory services agenc the Currency (OCC), the Office of Thrift Supe and the Securities Exchange Commission (SE	ervision (OTS), the Federal Deposit Insur	ance				
affiliates re of the Com Corporatio	nptroller of	the Currency (OCC), the Office of Thrift Supe	ervision (OTS), the Federal Deposit Insur	ance	4	5	6	7
affiliates re of the Com Corporatio	nptroller of	the Currency (OCC), the Office of Thrift Superind the Securities Exchange Commission (SE	ervision (OTS), the Federal Deposit Insur C)] and identify the affiliate's primary fed 2	ance Jeral	4 OCC	5 OTS	6 FDIC	7 SEC
affiliates re of the Com Corporatio	nptroller of	the Currency (OCC), the Office of Thrift Supe and the Securities Exchange Commission (SE 1 Affiliate	ervision (OTS), the Federal Deposit Insur C)] and identify the affiliate's primary fed 2 Location	ance leral	-			
affiliates re of the Com Corporatio regulator. What is the conduct th	e name an	the Currency (OCC), the Office of Thrift Superind the Securities Exchange Commission (SE 1 Affiliate Name	ervision (OTS), the Federal Deposit Insur C)] and identify the affiliate's primary fed 2 Location (City, State)	ance leral 3 FRB	-			
affiliates re of the Corr Corporation regulator. What is the conduct the UHY LLP of the dissociated opinion/ce	e name an e annual a CERTIFIEL	the Currency (OCC), the Office of Thrift Superind the Securities Exchange Commission (SE 1 Affiliate Name d address of the independent certified public and the Securities Exchange Commission (SE 1 Affiliate Name d address of the independent certified public and the Security Sec	ervision (OTS), the Federal Deposit Insur C)] and identify the affiliate's primary fed 2 Location (City, State) accountant or accounting firm retained to N DRIVE, SUIE 400 SOUTHFIELD, MI 4	ance leral 3 FRB	-			
affiliates re of the Corr Corporation regulator. What is the conduct the UHY LLP of the description of the	e name an e annual a CERTIFIEL	the Currency (OCC), the Office of Thrift Superind the Securities Exchange Commission (SE 1 Affiliate Name d address of the independent certified public and the Securities Exchange Commission (SE) D PUBLIC ACCOUNTANTS 26200 AMERICA	ervision (OTS), the Federal Deposit Insur C)] and identify the affiliate's primary fed 2 Location (City, State) accountant or accounting firm retained to N DRIVE, SUIE 400 SOUTHFIELD, MI 4	ance leral 3 FRB	-			
affiliates re of the Corr Corporatio regulator. What is the conduct th UHY LLP (Management of the UHY	e name an e annual a CERTIFIEL	the Currency (OCC), the Office of Thrift Superind the Securities Exchange Commission (SE 1 Affiliate Name d address of the independent certified public and the Securities Exchange Commission (SE) D PUBLIC ACCOUNTANTS 26200 AMERICA	ervision (OTS), the Federal Deposit Insur C)] and identify the affiliate's primary fed 2 Location (City, State) accountant or accounting firm retained to an DRIVE, SUIE 400 SOUTHFIELD, MI 4 reporting entity or actuary/consultant ding the statement of actuarial NNEAPOLIS, MN 55402	ance leral 3 FRB	-	OTS		SEC
affiliates re of the Corr Corporatio regulator. What is the conduct th UHY LLP (Management of the UHY	e name an e annual a CERTIFIEL	the Currency (OCC), the Office of Thrift Superind the Securities Exchange Commission (SE 1 Affiliate Name d address of the independent certified public and the Securities of the independent certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Ind	ervision (OTS), the Federal Deposit Insur C)] and identify the affiliate's primary fed 2 Location (City, State) accountant or accounting firm retained to aN DRIVE, SUIE 400 SOUTHFIELD, MI 4 reporting entity or actuary/consultant ding the statement of actuarial NNEAPOLIS, MN 55402 g company or otherwise hold real estate 11.11 Name of real estate holding com	ance leral 3 3 FRB 48034-6173 indirectly?	-	OTS	FDIC	SEC
What is the conduct th UHY LLP (What is the associated opinion/ce REDEN All	e name an e annual a CERTIFIEL	the Currency (OCC), the Office of Thrift Superind the Securities Exchange Commission (SE 1 Affiliate Name d address of the independent certified public and the Securities of the independent certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Ind	ervision (OTS), the Federal Deposit Insur C)] and identify the affiliate's primary fed 2 Location (City, State) accountant or accounting firm retained to NDRIVE, SUIE 400 SOUTHFIELD, MI reporting entity or actuary/consultant ding the statement of actuarial NNEAPOLIS, MN 55402 g company or otherwise hold real estate 11.11 Name of real estate holding com 11.12 Number of parcels involved	ance leral 3 FRB 48034-6173 indirectly?	-	OTS	FDIC	SEC
affiliates re of the Corr Corporatio regulator. What is the conduct th UHY LLP (Management of the UHY	e name an e annual a CERTIFIEL	the Currency (OCC), the Office of Thrift Superind the Securities Exchange Commission (SE 1 Affiliate Name d address of the independent certified public and the Securities of the independent certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Security of the Independent Certified public and the Ind	ervision (OTS), the Federal Deposit Insur C)] and identify the affiliate's primary fed 2 Location (City, State) accountant or accounting firm retained to aN DRIVE, SUIE 400 SOUTHFIELD, MI 4 reporting entity or actuary/consultant ding the statement of actuarial NNEAPOLIS, MN 55402 g company or otherwise hold real estate 11.11 Name of real estate holding com	ance leral 3 FRB 48034-6173 indirectly?	-	OTS	FDIC	SEC
What is the conduct th UHY LLP (e name an e annual a CERTIFIEL	the Currency (OCC), the Office of Thrift Superind the Securities Exchange Commission (SE 1 Affiliate Name d address of the independent certified public and the Securities of the independent certified public and the Security of the Independent Company of the Inde	ervision (OTS), the Federal Deposit Insur C)] and identify the affiliate's primary fed 2 Location (City, State) accountant or accounting firm retained to NDRIVE, SUIE 400 SOUTHFIELD, MI reporting entity or actuary/consultant ding the statement of actuarial NNEAPOLIS, MN 55402 g company or otherwise hold real estate 11.11 Name of real estate holding com 11.12 Number of parcels involved	ance leral 3 FRB 48034-6173 indirectly?	-	OTS	FDIC	SEC

12.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?	
12.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on	
	risks wherever located?	Yes[X] No[]
12.3	Have there been any changes made to any of the trust indentures during the year?	Yes[]No[X]
12.4	If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?	Yes[] No[] N/A [X
	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between	
	personal and professional relationships;	
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;	
	(c) Compliance with applicable governmental laws, rules, and regulations;	
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and	
	(e) Accountability for adherence to the code.	Yes[X] No[]
3.11	If the response to 13.1 is no, please explain:	
13.2	Has the code of ethics for senior managers been amended?	Yes[]No[X]
3 21	If the response to 13.2 is yes, provide information related to amendment(s).	
13.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes[]No[X]
3.31	If the response to 13.3 is yes, provide the nature of any waiver(s).	
	BOARD OF DIRECTORS	
14.	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a	
	subordinate committee thereof?	Yes[]No[X]
	Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all	V 1V2 11 1 -
	subordinate committees thereof?	Yes [X] No []
16	Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material	
	interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or	
	is likely to conflict with the official duties of such person?	Yes [X] No []
	FINANCIAL	
,		
	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g.,	
	Generally Accepted Accounting Principles)?	Yes[] No[X]
10 1	Total amount loaged during the year (inclusive of Separate Associate evaluaive of nelling league)	
10. l	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 18.11 To directors or other officers	\$
	18.12 To stockholders not officers	\$
	18.13 Trustees, supreme or grand (Fraternal only)	\$
		-

18.2	Total amount of loans outstanding at the end of year (inclusive of	Separat	e Accounts, exclusive of policy loans):	
		18.21	To directors or other officers	\$
		18.22	To stockholders not officers	\$
		18.23	Trustees, supreme or grand (Fraternal only)	\$
19.1	Were any assets reported in this statement subject to a contractuliability for such obligation being reported in the statement?	al obliga	tion to transfer to another party without the	Yes[] No[X]
19.2	If yes, state the amount thereof at December 31 of the current years	ar:		
		19.21	Rented from others	\$
		19.22	Borrowed from others	\$
		19.23	Leased from others	\$
		19.24	Other	\$
20.1	Does this statement include payments for assessments as descriguaranty fund or guaranty association assessments?	bed in th	ne Annual Statement Instructions other than	Yes[] No[X]
20.2	If answer is yes:			
	•	20.21	Amount paid as losses or risk adjustment	\$
		20.22	Amount paid as expenses	\$
		20.23	Other amounts paid	\$
21.1	Does the reporting entity report any amounts due from parent, su	bsidiarie	s or affiliates on Page 2 of this	Vaa I 1 Na IV1
	statement?			Yes[]No[X]
21.2	If yes, indicate any amounts receivable from parent included in th	ie Page :	2 amount:	\$
			INVESTMENT	
22.1	Were all the stocks, bonds and other securities owned December exclusive control, in the actual possession of the reporting entity of addressed in 22.3)?			Yes[] No[X]
22.2	If no, give full and complete information relating thereto: HELD BY CUSTODIAN REGIONS MORGAN KEEGAN TRUST			
00.0			For calling for calling and amount of Land	
22.3	For security lending programs, provide a description of the progra securities, and whether collateral is carried on or off-balance sheet information is also provided)		_	
22.4	Does the company's security lending program meet the requiremental Risk-Based Capital Instructions?	ents for	a conforming program as outlined in the	Yes[] No[X]
22.5	If answer to 22.4 is yes, report amount of collateral.			\$
22.6	If answer to 22.4 is no, report amount of collateral.			\$
23.1	Were any of the stocks, bonds or other assets of the reporting en exclusively under the control of the reporting entity or has the rep a put option contract that is currently in force? (Exclude securities)	orting er	ntity sold or transferred any assets subject to	Yes[] No[X]
23.2	If yes, state the amount thereof at December 31 of the current ye	ar:		
	23	3.21	Subject to repurchase agreements	\$
		3.22	Subject to reverse repurchase agreements	\$
		3.23	Subject to dollar repurchase agreements	\$
		3.24	Subject to reverse dollar repurchase agreements	\$
		3.25	Pledged as collateral	\$
		3.26	Placed under option agreements	\$
		3.27	Letter stock or securities restricted as to sale	\$
		3.28	On deposit with state or other regulatory body	\$
		3.29	Other	\$

23.3 For category (23.27) provide the following:

	1	2	3		
	Nature of Restriction	Description	Amount		
'					

24.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[]No[X]

24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [] No [X] N/A []

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year.

\$

26. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F – Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

26.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian's Address
REGIONS MORGAN KEEGAN	315 DEADERICK STREET, NASHVILLE TN 37237

26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year?

Yes[]No[X]

26.04 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

26.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

	1	2	3
	Central Registration Depository Number(s)	Name(s)	Address
١			
ł			

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

27.2 If yes, complete the following schedule:

1	2	3
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
27.2999 TOTAL	L	

27.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
		Amount of Mutual Fund's	
Name of Mutual Fund	Name of Significant Holding	Book/Adjusted Carrying Value	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
			Excess of Statement
			over Fair Value (-),
	Statement (Admitted)		or Fair Value over
	Value	Fair Value	Statement (+)
28.1 Bonds	10,553,424	10,553,424	
28.2 Preferred stocks			
28.3 Totals	10,553,424	10,553,424	

	28.3 Totals 10,553,424 100,553,424 1		
28.4	Describe the sources or methods utilized in determining the fair values:		
29.1	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been		
	followed?	Yes [X] No []	
29.2	2 If no, list exceptions:		
		•	
	OTHER		
30.1	Amount of payments to Trade associations, service organizations and statistical or Rating Bureaus, if any?	\$	4,539,744
30.2	2 List the name of the organization and the amount paid if any such payment represented 25% or more of the		

total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
VESTICA	4,264,895

31.1 Amount of payments for legal expenses, if any?

\$ 63,208

31.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
Baker Donelson Bearman & Caldwell	51,719

32.1	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments	
	of government, if any?	\$

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2	
Name	Amount Paid	

GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insur	rance in force?		Yes [] No [X]	
1.2	If yes, indicate premium earned on U.S. business only.			\$	
1.3	What portion of Item (1.2) is not reported on the Medicare Suppleme	nt Insurance Experience Exhibit?		\$	
	1.31 Reason for excluding				
1.4	Indicate amount of earned premium attributable to Canadian and/or	Other Alien not included in Item (1.2) at	bove.	\$	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.			\$	
1.6	Individual policies:				
	Most current three years: 1.61 Total premium earned			\$	
	1.62 Total incurred claims 1.63 Number of covered lives			\$	
	All years prior to most current three years: 1.64 Total premium earned			¢	
	1.65 Total incurred claims			\$	
	1.66 Number of covered lives				
1.7	Group policies: Most current three years:				
	1.71 Total premium earned 1.72 Total incurred claims			\$	
	1.73 Number of covered lives				
	All years prior to most current three years: 1.74 Total premium earned			\$	
	1.75 Total incurred claims 1.76 Number of covered lives			\$	
2.	Health Test:				
		1 Current Year	2 Prior Year		
	2.1 Premium Numerator	\$	¢		
	2.2 Premium Denominator	\$	\$		
	2.3 Premium Ratio (2.1 / 2.2)2.4 Reserve Numerator	\$	\$		
	2.5 Reserve Denominator 2.6 Reserve Ratio (2.4 / 2.5)	\$	\$		
3.1	Has the reporting entity received any endowment or gift from contract	cting hospitals, physicians, dentists, or o	others that is agreed will		
	be returned when, as and if the earnings of the reporting entity perm		· ·	Yes[]No[X]	
3.2	If yes, give particulars:				
4 1	Have copies of all agreements stating the period and nature of hospi	itals' physicians' and dentists' care offi	ered to subscribers		
	and dependents been filed with the appropriate regulatory agency?	talo, prijalolano, and aomioto caro om		Yes[X]No[]	
4.2	If not previously filed, furnish herewith a copy(ies) of such agreemen	t(s). Do these agreements include addi	tional benefits offered?	Yes[]No[X]	
5.1	Does the reporting entity have stop-loss reinsurance?			Yes[X]No[]	
5.2	If no, explain:				
5.3	Maximum retained risk (see instructions)				
	5.31 Comprehensive Medical 5.32 Medical Only			\$ \$	100
	5.33 Medicare Supplement			\$	
	5.34 Dental and vision 5.35 Other Limited Benefit Plan			\$ \$	
	5.36 Other			\$	
	Describe arrangement which the reporting entity may have to protect including hold harmless provisions, conversion privileges with other and any other agreements:				

GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

7.1	Does the reporting entity set up its claim liability for provider service	es on a service date basis?	Yes [X]No[]
7.2	! If no, give details		
8.	Provide the following information regarding participating providers: 8.1 Number of providers at start of reporting year 8.2 Number of providers at end of reporting year		380 584
9.1	Does the reporting entity have business subject to premium rate gu	uarantees?	Yes[]No[X]
9.2	P. If yes, direct premium earned: 9.21 Business with rate guarantees between 15-36 mo 9.22 Business with rate guarantees over 36 months	onths	
10.1	Does the reporting entity have Incentive Pool, Withhold or Bonus A	Arrangements in its provider contracts?	Yes[]No[X]
10.2	P. If yes: 10.21 Maximum amount payable bonuses 10.22 Amount actually paid for year bonuses 10.23 Maximum amount payable withholds 10.24 Amount actually paid for year withholds		\$ \$ \$
11.1	Is the reporting entity organized as: 11.12 A Medical Group/Staff Model, 11.13 An Individual Practice Association (IPA), or, 11.14 A Mixed Model (combination of above)?		Yes[]No[X] Yes[]No[X] Yes[]No[X]
11.2	? Is the reporting entity subject to Minimum Net Worth Requirements	9?	Yes[X]No[]
11.4	If yes, show the amount required.		\$
11.5	s Is this amount included as part of a contingency reserve in stockho	older's equity?	Yes[]No[X]
11.6	if the amount is calculated, show the calculation UAHCTN'S TENNCARE REVENUE FOR 2007 TOTALED 252,968 7,227,152=(\$150,000,000 x 4%)+((252,968,048 -150,000,000) x 1		
12.	List service areas in which reporting entity is licensed to operate:		
		1	
	UF OOF	Name of Service Area	
ΕNN	NESSEE		

FIVE - YEAR HISTORICAL DATA

		1	2	3	4	5
		2008	2007	2006	2005	2004
Balar	nce Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 26)	18,259,346	20,897,878	13,808,172	12,637,932	12,850,424
2.	Total liabilities (Page 3, Line 22)	5,159,669	5,756,058	2,108,878	1,400,013	1,178,466
3.	Statutory surplus					
4.	Total capital and surplus (Page 3, Line 31)	13,099,677	15,141,820	11,699,216	11,237,919	11,671,958
Incor	ne Statement (Page 4)					
5.	Total revenues (Line 8)	13,445,186	6,492,358	360,956	538,850	585,216
6.	Total medical and hospital expenses (Line 18)	10,000,606	5,197,686	(103,952)	(367,488)	(79,710
7.	Claims adjustment expenses (Line 20)	795,213	670,691		6,444,202	4,398,932
8.	Total administrative expenses (Line 21)	3,307,458	(876,450)	(551,677)	(7,541,118)	(6,183,150
9.	Net underwriting gain (loss) (Line 24)	(658,091)	1,500,431	1,016,585	2,003,254	2,449,144
10.	Net investment gain (loss) (Line 27)	659,168	795,631	638,027	172,925	197,364
11.	Total other income (Lines 28 plus 29)		(1,497,816)			
12.	Net income or (loss) (Line 32)	(417,309)	(179,143)	1,285,337	1,683,187	2,598,968
Cash	Flow (Page 6)					
13.	Net cash from operations (Line 11)	(199,428)	3,165,865			
Risk-	Based Capital Analysis					
14.	Total adjusted capital		17,916,326	11,697,566	11,237,919	11,671,958
15.	Authorized control level risk-based capital		5,157,293	316,774	838,579	838,549
Enro	Iment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	804	106,005	110,534	122,260	130,298
17.	Total members months (Column 6, Line 7)	1,002,447	1,275,167	1,418,559	1,545,179	1,552,662
Oper	ating Percentage (Page 4)					
(Item	divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18.	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19.	Total hospital and medical plus other non-health					
	(Lines 18 plus Line 19)	90.4	91.0	100.0	215.0	73.8
20.	Cost containment expenses		5.2			
21.	Other claims adjustment expenses		6.5			
22.	Total underwriting deductions (Line 23)	127.5	6489743.0	(655629.0)	(1998933.0)	
23.	Total underwriting gain (loss) (Line 24)	(5.9)	2615.0	1016585.0	2003254.0	
Unpa	id Claims Analysis					
(U&I I	Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 13, Col. 5)	2,040,663			(367,488)	
25.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	2,262,908				
	tments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 25, Col. 1)					
27.	Affiliated preferred stocks (Sch. D Summary, Line 39, Col. 1)					
28.	Affiliated common stocks (Sch. D Summary, Line 53, Col. 1)					
	Affiliated short-term investments (subtotal					
	included in Sch. DA Verification, Col. 5, Line 10)					
30.	Affiliated mortgage loans on real estate					
	All other affiliated					
		1				



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. MEMPHIS, TENNESSEE

00000200843043110

Report for: 1. Corporation UAHC HEALTH PLAN OF TENNESSE	E, INC
---	--------

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2008

NAIC Company Code

....

	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
		2	3							
				Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	106,005							816	105,189	
2. First Quarter	102,168							848	101,320	
3. Second Quarter	101,034							839	100,195	
4. Third Quarter	97,744							845	96,899	
5. Current Year	804							804		
6. Current Year Member Months	1,002,447							10,013	992,434	
Total Member Ambulatory Encounters For Year:										
7. Physician	800,290							16,157	784,133	
8. Non-Physician	116,589							2,344	114,245	
9. Total	916,879							18,501	898,378	
10. Hospital Patient Days Incurred	242,420							11,910	230,510	
11. Number of Inpatient Admissions	7,934							311	7,623	
12. Health Premiums Written (b)	11,063,240							11,063,240		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	11,063,240			[[11,063,240		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision										
of Health Care Services	10,148,794							10,148,794		
18. Amount Incurred for Provision of										
Health Care Services	10,000,606							10,000,606		

(a)	For health business: number of persons insured under PPO managed care products	0 and number of persons insured under indemnity only products	0.
(b)	For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$	11,063,240 .	



00000200843059110

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation UAHC HEALTH PLAN OF TENNESSEE, INC

2. MEMPHIS, TENNESSEE

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2008

NAIC Company Code 0000

		1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
			2	3							
					Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other
Total N	Members at end of:										
1	. Prior Year	106,005							816	105,189	
2	. First Quarter								848	101,320	
3	. Second Quarter	101,034							839	100,195	
4	. Third Quarter	97,744							845	96,899	
5	. Current Year	804							804		
~ 6	. Current Year Member Months	1,002,447							10,013	992,434	
75 Total N	Member Ambulatory Encounters For Year:										
7 7	. Physician	800,290							16,157	784,133	
8	. Non-Physician	116,589							2,344	114,245	
9	. Total	916,879							18,501	898,378	
10	. Hospital Patient Days Incurred	242,420							11,910	230,510	
11	. Number of Inpatient Admissions	7,934							311	7,623	
12	. Health Premiums Written (b)	11,063,240							11,063,240		
13	. Life Premiums Direct										
14	Property/Casualty Premiums Written										
15	. Health Premiums Earned	11,063,240							11,063,240		
16	. Property/Casualty Premiums Earned										
17	. Amount Paid for Provision										
	of Health Care Services	10,148,794							10,148,794		
18	. Amount Incurred for Provision of										
	Health Care Services	10,000,606							10,000,606		

(a)	For health business: number of persons insured under PPO managed care products	0 and number of persons insured under indemnity only products	0.
٠,			

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 11,063,240.

NONE Schedule S - Part 1 - Section 2

NONE Schedule S - Part 2

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Reserve Credit	Outstandin Reli		12	13
NAIC Company	Federal ID	Effective	Name of		Type of Reinsurance		Unearned Premiums	Taken Other than for Unearned	10 Current	11 Prior	Modified Coinsurance	Funds Withheld Under
Code	Number	Date	Company	Location	Ceded	Premiums	(Estimated)	Premiums	Year	Year	Reserve	Coinsurance
1	l l											
92711	35-1817054	01/01/2008	HCC LIFE INSURANCE COMPANY	MINNEAPOLIS, MINNESOTA	SSL/A/G	76,855						
0299999	Authorized Ger	l neral Account – No	 on-Affiliates			76,855						
0399999	Total Authorize	ed General Accour	t			76,855						
0700000	T					70.055						
0799999	Total Authorize	ed and Unauthorize	ed General Account			76,855						
												,
1599999	Totals					76,855						

32

NONE Schedule S - Part 4

SCHEDULE S – PART 5
Five-Year Exhibit of Reinsurance Ceded Business (000 OMITTED)

		1	2	3	4	5
		2008	2007	2006	2005	2004
	,	2006	2007	2006	2005	2004
A.	OPERATIONS ITEMS					
1.	Premiums					
2.	Title XVIII-Medicare	77	59			
3.	Title XIX-Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	20				
В.	BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses					
9.	Experience rating refunds due or unpaid			1	1	
10.	Commissions and reinsurance expense allowances unpaid					
11.	Unauthorized reinsurance offset					
C.	UNAUTHORIZED REINSURANCE					
•	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Franks day on York broad (19th and 19th					
13.	Latter of an ASTAN					
1	Touch assessed (T)					
14.	Trust agreements (T)					
15.	Other (O)					

SCHEDULE S — PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
	ASSETS (Page 2, Col. 3)	,	,	,
1	Cook and invested assets (Line 10)	17,229,765		17,229,765
2.	Accident and health premiums due and unpaid (Line 13)	816,797		816,797
3.	Amounts recoverable from reinsurers (Line 14.1)			
i	Net credit for ceded reinsurance	XXX		
5.	All other admitted assets (Balance)	212,784		212,784
1	Total assets (Line 26)	18,259,346		18,259,346
	,	-,,-		2, 22, 22
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	1,878,000		1,878,000
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)			
10.	Funds held under reinsurance treaties with authorized			
	and unauthorized reinsurers (Line 17)			
11.	Reinsurance in unauthorized companies(Line 18)			
12.	All other liabilities (Balance)	3,281,669		3,281,669
	Total liabilities (Line 22)	5,159,669		5,159,669
14.	Total capital and surplus (Line 31)	13,099,677	XXX	13,099,677
15.	Total liabilities, capital and surplus (Line 32)	18,259,346		18,259,346
	NET CREDIT FOR CEDED REINSURANCE			
1	Claims unpaid			
1	Accrued medical incentive pool			
18.	Premiums received in advance			
19.	Reinsurance recoverable on paid losses			
20.	Other ceded reinsurance recoverables			
1	Total ceded reinsurance recoverables			
22.	Premiums receivable			
23.	Funds held under reinsurance treaties with authorized			
	and unauthorized reinsurers			
1	Unauthorized reinsurance			
I	Other ceded reinsurance payables/offsets			
26.	Total ceded reinsurance payables/offsets			
27.	Total net credit for ceded reinsurance			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

2. 4. 4. 5. 6. 7. 9. 10. 10.	States, Etc. Alabama AL Alaska AK Arizona AZ Arkansas AR	Active Status	2	3	4	5 Federal Employees	6 Life &	7	8	9
2. 4. 4. 5. 6. 7. 9. 10. 10.	Alabama AL Alaska AK Arizona AZ					Health	Annuity	D /	Total	
2. 4. 4. 5. 6. 7. 9. 10. 10.	Alabama AL Alaska AK Arizona AZ		Accident & Health	Medicare	Medicaid	Benefits Program	Premiums & Other	Property/ Casualty	Total Columns	Deposit-Ty
2. 4. 4. 5. 6. 7. 9. 110. 1	Alaska AK Arizona AZ		Premiums	Title XVIII	Ttle XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
3. 4. 4. 5. 6. 7. 6. 9. 10. 10.	Arizona AZ	N N								
5. (6. (7. (8. (9. (Arkansas AR	N								
6. (7. (8. (9. (N								
7. (8. 9.	California CA Colorado CO	N N								
8. 9. 0.	Connecticut CT	N N								
0.	Delaware DE	N								
	District of Columbia DC	N								
	Florida FL	N								
	Georgia GA Hawaii HI	N N								
	Idaho ID	N N								
	Illinois IL	N								
	Indiana IN	N								
	lowa IA	N.								
	Kansas KS Kentucky KY	N N								
	Louisiana LA	N N								
).	Maine ME	N								
	Maryland MD	N								
	Massachusetts MA	N.								
	Michigan MI Minnesota MN	N N								
	Mississippi MS	N N								
	Missouri MO	N								
	Montana MT	N								
	Nebraska NE	N.								
	Nevada NV New Hampshire NH	N N								
	New Jersey NJ	N N								
	New Mexico NM	N								
3.	New York NY	N								
	North Carolina NC	N								
	North Dakota ND	N								
	Ohio OH Oklahoma OK	N								
	Oregon OR	N N								
	Pennsylvania PA	N								
	Rhode Island RI	N								
	South Carolina SC	N								
	South Dakota SD Tennessee TN	N L		11,063,240					11,063,240	
	Texas TX	N N		11,000,240					11,000,240	
	Utah UT	N								
	Vermont VT	N								
7. '	Virginia VA	N								
	Washington WA West Virginia WV	N.								
	West Virginia WV Wisconsin WI	N N								
	Wyoming WY	N								
2. /	American Samoa AS	N								
	Guam GU	N								
	Puerto Rico PR	N								
	U.S. Virgin Islands VI Northern Mariana Islands MP	N N								
	Canada CN	N N								
8. /	Aggregate other alien OT	XXX								L
9. ;	Subtotal	XXX		11,063,240	_				11,063,240	
J.	Reporting entity contributions for Employee Benefit Plans	_{v v v}								
1.	Totals (Direct Business)	(a) 1		11,063,240					11,063,240	
				, , , , , , , , , , , , , , , , , , , ,					, , , , , , , , , , , , , , , , , , , ,	<u> </u>
	DETAILS OF WRITE-INS									
۱.		XXX								
2. 3.		XXX								
	Summary of remaining write-ins for	^ ^ ^								
	Line 58 from overflow page	XXX								
9. '	Totals (Lines 5801 through 5803									
	plus 5898) (Line 58 above)	XXX								
		Evnlar	nation of hee	is of allocati	on hy states	, premiums b	v state etc			

⁽a) Insert the number of L responses except for Canada and Other Alien.

NONE Schedule T - Part 2

United American HealthCare Corporation

United American of Tennessee, Inc.

A Tennessee Corporation (100% ownership)

UAHC Health Plan, Inc.

A Tennessee Corporation
(100% ownership)

NONE Schedule Y - Part 2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

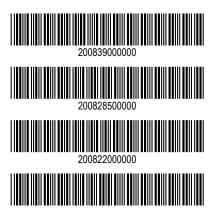
		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	WAIVED
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	WAIVED
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	WAIVED
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	WAIVED
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	WAIVED
type code	e following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not e of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" e will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and proving the interrogatory questions.	report and a bar

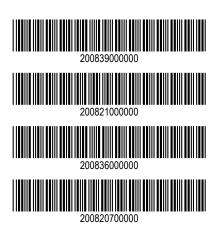
MARCH FILING

9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO					
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO					
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO					
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO					
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO					
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO					
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO					
APRIL FILING							
16.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO					
17.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO					
18.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO					

Explanation:

Bar Code:





SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES













OVERFLOW PAGE FOR WRITE-INS

Page 3 - Continuation

LIABILITIES, CAPITAL AND SURPLUS

Current Year			Prior Year
1	2	3	4
Covered	Uncovered	Total	Total

		Covered	Uncovered	Total	Total
	REMAINING WRITE-INS AGGREGATED AT LINE 21 FOR OTHER LIABILITIES				
2104.	DUE TO/(FROM) STATE/MEDICAL	125,101		125,101	419,35
105.		1			
106.					
107.					
108.					
109.					
110.					
111.					
112.					
113.					
114.					
115.		[
116.		[l	
117.					
118.					
119.		1			
120.					
121.					
122.					
121.					
124.					
2125.	T	105 101		105 101	110.05
2197.	Totals (Lines 2104 through 2125) (Page 3, Line 2198)	125,101		125,101	419,35

OVERFLOW PAGE FOR WRITE-INS

Page 14 - Continuation

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustn	Claim Adjustment Expenses		4	5
	1	2			
	Cost	Other Claim	General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR EXPE	ENSES	!			
2504. CHARITABLE EXPENSE			7,550		7,550
2505. PAYROLL SERVICE EXPENSE			8,227		8,227
2506. SERVICE FEE EXPENSE			760		760
2507. EQUIPMENT RENTAL EXPENSE			4,827		4,827
2508. REPAIRS & MAINTENANCE SUPPLIES EXPENSE	550		47,034		47,584
2509. NON-CAPITALIZED EXPENSE	174		8,448		8,622
2510. MISC EXPENSE (A/P DEFAULT SET UP)			20,828		20,828
2511. MEDICAL CONSULTING EXPENSE	309,169				309,169
2512.					
2513.					
2514.					
2515.					
2516.					
2517.					
2518.					
2519.					
2520.					
2521.					
2522.					
2523.					
2524.					
2525.					
2597. Totals (Lines 2504 through 2525) (Page 14, Line 2598)	309,893		97,674		407,567

SUMMARY INVESTMENT SCHEDULE

			Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	Investment Categories	1 Amount	2 Percentage	3 Amount	4 Percentage	
		Amount	1 crocinage	Amount	Torocitago	
1. Bond						
1.1	U.S. treasury securities	45,000	0.26	45,000	0.26	
1.2	U.S. government agency obligations (excluding mortgage-backed securities):					
	1.21 Issued by U.S. government agencies					
	1.22 Issued by U.S. government sponsored agencies					
1.3	Foreign government (including Canada, excluding mortgage-backed securities)					
1.4	Securities issued by states, territories, and possessions					
	and political subdivisions in the U.S.:					
	1.41 States, territories and possessions general obligations					
	1.42 Political subdivisions of states, territories and possessions and political					
	subdivisions general obligations					
	1.43 Revenue and assessment obligations					
	1.44 Industrial development and similar obligations					
1.5	Mortgage-backed securities (includes residential and commercial MBS):					
	1.51 Pass-through securities:					
	1.511 Issued or guaranteed by GNMA					
	1.512 Issued or guaranteed by FNMA and FHLMC					
	1.513 All other					
	1.52 CMOs and REMICs:					
	1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	10,508,424	60.99	10,508,424	60.99	
	1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-					
	backed securities issued or guaranteed by agencies shown in Line 1.521					
	1.523 All other					
2. Othe	er debt and other fixed income securities (excluding short term):					
2.1	Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)					
2.2	Unaffiliated foreign securities					
2.3	Affiliated securities					
3. Equi	ity interests:	•				
3.1	Investments in mutual funds					
3.2	Preferred stocks:	•				
	3.21 Affiliated					
	3.22 Unaffiliated					
3.3	Publicly traded equity securities (excluding preferred stocks):					
	3.31 Affiliated					
	3.32 Unaffiliated					
3.4	Other equity securities:					
	3.41 Affiliated					
	3.42 Unaffiliated					
3.5	Other equity interests including tangible personal property under lease:					
	3.51 Affiliated					
	3.52 Unaffiliated					
4. Mort	gage loans:					
4.1	Construction and land development					
4.2	Agricultural					
4.3	Single family residential properties					
4.4	Multifamily residential properties					
4.5	Commercial loans					
4.6	Mezzanine real estate loans					
5. Real	l estate investments:					
5.1	Property occupied by company					
5.2	Property held for production of income (including \$ 0 of property]				
	acquired in satisfaction of debt)					
5.3	Property held for sale (including \$ 0 property acquired in					
	satisfaction of debt)					
6. Conf	tract loans					
	eivables for securities					
	h, cash equivalents and short-term investments			6,676,341	38.75	
	er invested assets					
	I invested assets	17,229,765	100.00	17,229,765	100.00	

NONE Schedule A and B Verification

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year
2.	Cost of acquired:
	2.1 Actual cost at time of acquisition (Part 2, Column 8)
	2.2 Additional investment made after acquisition (Part 2, Column 9)
3.	Capitalized deferred interest and other:
	3.1 Totals, Part 1, Column 16
	3.2 Totals, Part 3, Column 12
4.	Accrual of discount
5.	Unrealized valuation increase (decrease):
	5.1 Totals, Part 1, Column 13
	5.2 Totals, Part 3, Column 9
6.	Total gain (loss) on disposals, Part 3, Column 19
7.	Deduct amounts received on disposals, Part 3, Column 16
	Deduct amortization of premium and depreciation
9.	Total foreign exchange change in book/adjusted carrying value:
	9.1 Totals, Part 1, Column 17
	9.2 Totals, Part 3, Column 14
10.	Deduct current year's other than temporary impairment recognized:
	10.1 Totals, Part 1, Column 15
	10.2 Totals, Part 3, Column 11
11.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
	Deduct total nonadmitted amounts
13.	Statement value at end of current period (Line 11 minus Line 12)

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year	9,607,095
2.		12,363,747
3.	Accrual of discount	
4.	Unrealized valuation increase (decrease):	
	4.1 Column 12, Part 1	
	4.2 Column 15, Part 2, Section 1	
	4.3 Column 13, Part 2, Section 2	
	4.4 Column 11, Part 4	(12,153)
5.	Total gain (loss) on disposals, Column 19, Part 4	
6.	Deduction consideration for bonds and stocks disposed of, Column 7, Part 4	11,405,265
7.		
8.	Total foreign exchange change in book/adjusted carrying value:	
	8.1 Column 15, Part 1	
	8.2 Column 19, Part 2, Section 1	
	8.3 Column 16, Part 2, Section 2	
	8.4 Column 15, Part 4	
9.	Deduct current year's other than temporary impairment recognized:	
	9.1 Column 14, Part 1	
	9.2 Column 17, Part 2, Section 1	
	9.3 Column 14, Part 2, Section 2	
	9.4 Column 13, Part 4	
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	10,553,424
11.	Deduct total nonadmitted accounts	
12.	Statement value at end of current period (Line 10 minus Line 11)	10,553,424

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

			1	2	3	4
Description			Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS	1.	United States	10,553,424	10,553,424	10,531,649	10,513,95
Governments		Canada				
(Including all obligations guaranteed	3.					
by governments)		Totals	10,553,424	10,553,424	10,531,649	10,513,95
		United States				
States, Territories and Possessions	İ	Canada				
(Direct and guaranteed)		Other Countries				
		Totals				
Delitical Code di disiana of Otata		United States				
Political Subdivisions of States, Territories and Possessions		Canada Other Countries				
	-	Totals				
(Direct and guaranteed) Special revenue and special assessment	_	United States				
obligations and all non-guaranteed						
obligations of agencies and authorities of	1	Other Countries				
governments and their political subdivisions		Totals				
governments and their political subdivisions	-	United States				
Public Utilities (unaffiliated)		Canada				
Tablio Cultido (alianinatoa)	 	Other Countries				
		Totals				
		United States				
Industrial and Miscellaneous and Credit Tenant		Canada				
Loans (unaffiliated)	İ	Other Countries				
,	24.	Totals				
Parent, Subsidiaries and Affiliates	25.	Totals				
	26.	Total Bonds	10,553,424	10,553,424	10,531,649	10,513,9
PREFERRED STOCKS	27.	United States				
Public Utilities (unaffiliated)	28.	Canada				
		Other Countries				
	30.	Totals				
	31.	United States				
Banks, Trust and Insurance Companies	32.	Canada				
(unaffiliated)		Other Countries				
		Totals				
	35.	United States				
Industrial and Miscellaneous (unaffiliated)	36.	Canada				
	37.	Other Countries				
	38.	Totals				
Parent, Subsidiaries and Affiliates	39.	Totals				
	_	Total Preferred Stocks				
COMMON STOCKS	41.	United States				
Public Utilities (unaffiliated)	I	Canada				
		Other Countries				
		Totals				
		United States				
	1 40	Canada				
	1				i .	I
Banks, Trust and Insurance Companies (unaffiliated)	47.	Other Countries				1
	47. 48.	Other Countries Totals				
(unaffiliated)	47. 48. 49.	Other Countries Totals United States				
	47. 48. 49. 50.	Other Countries Totals United States Canada				
(unaffiliated)	47. 48. 49. 50. 51.	Other Countries Totals United States Canada Other Countries				
(unaffiliated) Industrial and Miscellaneous (unaffiliated)	47. 48. 49. 50. 51.	Other Countries Totals United States Canada Other Countries Totals				
(unaffiliated) Industrial and Miscellaneous (unaffiliated)	47. 48. 49. 50. 51. 52.	Other Countries Totals United States Canada Other Countries Totals Totals				
(unaffiliated)	47. 48. 49. 50. 51. 52. 53.	Other Countries Totals United States Canada Other Countries Totals				

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7 Col. 6	8	9 % From	10	11 Total
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	as a % of Line 10.7	Total from Col. 6 Prior Year	Col. 7 Prior Year	Total Publicly Traded	Privately Placed (a)
1. U.S. Governments, (Group 1) 1.1 Class 1	2,981,264	7,572,160				10,553,424	100.000	9,607,094	100.000		
1.2 Class 2 1.3 Class 3											
1.4 Class 4 1.5 Class 5											
1.6 Class 6 1.7 Totals	2,981,264	7,572,160				10,553,424	100.000	9,607,094	100.000		
2. All Other Governments, (Group 2)	,,,,,,	, , , , , , , , , , , , , , , , , , , ,				-,,		.,,			
2.1 Class 1 2.2 Class 2											
2.3 Class 3 2.4 Class 4											
2.5 Class 5											
2.6 Class 6 2.7 Totals											
States, Territories and Possessions, etc., Guaranteed. (Group 3)											
Guaranteed, (Group 3) 3.1 Class 1											
3.2 Class 2 3.3 Class 3											
3.4 Class 4											
3.5 Class 5 3.6 Class 6											
3.7 Totals											
4. Political Subdivisions of States, Territories an Possessions, etc., Guaranteed, (Group 4)	a										
4.1 Class 1 4.2 Class 2						.					
4.3 Class 3 4.4 Class 4											
4.5 Class 5 4.6 Class 6											
4.7 Totals											
5. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, (Group 5)											
5.1 Class 1											
5.2 Class 2 5.3 Class 3						.					
5.4 Class 4 5.5 Class 5											
5.6 Class 6 5.7 Totals											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7 Col. 6	8	9 % From	10	11 Total
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	as a % of Line 10.7	Total from Col. 6 Prior Year	Col. 7 Prior Year	Total Publicly Traded	Privately Placed (a)
6. Public Utilities (Unaffiliated), (Group 6) 6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated),											
(Group 7)											
7.1 Class 1											
7.2 Class 2 7.3 Class 3											
7.4 Class 4											
7.4 Class 4											
7.6 Class 6											
8. Credit Tenant Loans, (Group 8) 8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
9 6 Class 6											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, (Group 9)											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 Totals											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
). Total Bonds Current Year											
10.1 Class 1	(d) 2,981,264	7,572,160				10,553,424	100.000	XXX	XXX		
10.2 Class 2	(d)							XXX	XXX		
10.3 Class 3	(d)							XXX	XXX		
10.4 Class 4	(d)							XXX	XXX		
10.5 Class 5	(d)					(c)		XXX	XXX		
10.6 Class 6	(d)	7 570 400				(c)	100.000	XXX	XXX		
10.7 Totals 10.8 Line 10.7 as a % of Col. 6	2,981,264 28.249	7,572,160 71,751				(b) 10,553,424 100.000	100.000 X X X	XXX	XXX		
	28.249	/1./51				100.000	* * * * * * * * * * * * * * * * * * * *	X	* * * * * * * * * * * * * * * * * * * *		
. Total Bonds Prior Year 11.1 Class 1	6,193,687	3,413,407				XXX	XXX	9,607,094	100.000	9.607.094	
11.2 Class 2	0,193,007	3,413,407				XXX	XXX	9,007,094		9,007,094	
11.3 Class 3						XXX	XXX				
11.4 Class 4						XXX	XXX				
11.5 Class 5						XXX	XXX	(c)			
11.6 Class 6						XXX	XXX	(c)			
11.7 Totals	6,193,687	3,413,407				XXX	XXX	(b) 9,607,094	100.000	9,607,094	
11.8 Line 11.7 as a % of Col. 8	64.470	35.530				XXX	XXX	100.000	XXX	100.000	
. Total Publicly Traded Bonds								·			
12.1 Class 1						İ		9,607,094	100.000		XXX
12.2 Class 2											XXX
12.3 Class 3											XXX
12.4 Class 4											XXX
12.5 Class 5											XXX
12.6 Class 6								0.00=.004	400.000		XXX
12.7 Totals							XXX	9,607,094	100.000 X X X		XXX
12.8 Line 12.7 as a % of Col. 6 12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX XXX	XXX		XXX
. Total Privately Placed Bonds							^ ^ ^	^ ^ ^	^^^		
13.1 Class 1										xxx	
13.2 Class 2										······································	
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX	XXX	

(b) Includes \$	0 current year, \$	0 prior year of bonds with Z designations and \$	0 current year, \$	0 prior year of bonds w	vith Z* designations. The lette	er 'Z' means the NAIC desi	gnation was not assigned by	
the Securities Valua	ation Office (SVO) at the date of	the statement. " Z^{*} " means the SVO could not evaluate the obliging	gation because valuation procedu	ires for the security class is u	under regulatory review.			
(c) Includes \$	0 current year, \$	0 prior year of bonds with 5* designations and \$	0 current year, \$	0 prior year of bonds	with 6* designations. '5*' mea	ins the NAIC designation v	vas assigned by the SVO in	
reliance on the insu	rer's certification that the issuer	is current in all principal and interest payments. "6*" means the	NAIC designation was assigned	by the SVO due to inadequate	te certification of principal and	d interest payments.		
(d) Includes the following	ng amount of non-rated short-ter	m and cash equivalent bonds by NAIC designation: NAIC 1 \$	0; NAIC 2 \$	0; NAIC 3 \$	0; NAIC 4 \$	0; NAIC 5 \$	0; NAIC 6 \$	0.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

		1 1	2	3	4	5	6	7	8	9	10	11
	Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
1.	U.S. Governments, (Group 1) 1.1 Issuer Obligations 1.2 Single Class Mortgage-Backed/Asset-Backed Securities	2,981,264	7,572,160				10,553,424	100.000	9,607,094	100.000		
	1.7 Totals	2,981,264	7,572,160				10,553,424	100.000	9,607,094	100.000		
2.	All Other Governments, (Group 2) 2.1 Issuer Obligations 2.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
	2.3 Defined											
	MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES 2.5 Defined 2.6 Other 2.7 Totals											
3.	States, Territories and Possessions, Guaranteed, (Group 3) 3.1 Issuer Obligations 3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLÁSS RESIDENTĪAL MORTGAGE-BACKED SECURITĪĒS 3.3 Defined											
	3.4 Other MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
	3.5 Defined 3.6 Other 3.7 Totals											
4												
4.	Political Subdivisions of States, Territories and Possessions, Guaranteed, (Group 4) 4.1 Issuer Obligations 4.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 4.3 Defined											
	4.4 Other MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
	4.5 Defined 4.6 Other 4.7 Totals											
5.	Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, (Group 5) 5.1 Issuer Obligations											
	5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 5.3 Defined											
	5.4 Other MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES 5.5 Defined											
	5.6 Other 5.7 Totals											

SIOS

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type 6. Public Utilities (Unaffiliated), (Group 6) 6.1 Issuer Obligations 6.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 6.3 Defined 6.4 Other	or Less	5 Years	10 Years	20 Years	Years	Year	Line 10.7	Prior Year	Prior Year	Traded	Placed
6.1 Issuer Obligations 6.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 6.3 Defined											
6.1 Issuer Obligations 6.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 6.3 Defined							1				f.
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 6.3 Defined											1
6.3 Defined											l
											1
6.4 Other											1
											1
MULTI-CLASS COMMERCIAL MORTGAGE-											1
BACKED/ASSET-BACKED SECURITIES											1
6.5 Defined											
6.6 Other											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), (Group 7)											1
7.1 Issuer Obligations											1
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											1
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											1
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined											1
7.6 Other											
7.7 Totals											
8. Credit Tenant Loans, (Group 8)											1
8.1 Issuer Obligations											1
8.7 Totals											1
9. Parent, Subsidiaries and Affiliates, (Group 9) 9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											1
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											1
9.3 Defined											1
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined											1
9.6 Other											
9.7 Totals											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

		Maturity Distribut	ion of All Donus (Wiled Decembe	i 31, at book/Auj	usieu Carrying v	/alues by Major Typ	pe and Subtype o	1 133003			
	Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10	. Total Bonds Current Year											
	10.1 Issuer Obligations	2,981,264	7,572,160				10,553,424	100.000	XXX	XXX		
	10.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES								XXX	XXX		
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES								V V V	V V V		
	10.3 Defined 10.4 Other								XXX	XXX		
	MULTI-CLASS COMMERCIAL MORTGAGE-								^ ^ ^			
	BACKED/ASSET-BACKED SECURITIES 10.5 Defined								xxx	xxx		
	10.6 Other								· · · · · · · · · · · · · · · · · · ·	······XXX		
	10.7 Totals	2,981,264	7,572,160				10,553,424	100.000	XXX	XXX		
	10.8 Line 10.7 as a % of Col. 6	28.249	71.751				100.000	XXX	XXX	XXX		
11	. Total Bonds Prior Year											
	11.1 Issuer Obligations	6,193,687	3,413,407				XXX	XXX	9,607,094	100.000	9,607,094	
	11.2 Single Class Mortgage-Backed/Asset-Backed Securities						XXX	XXX				
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
	11.3 Defined						XXX	XXX				
	MULTI-CLASS COMMERCIAL MORTGAGE-											
	BACKED/ASSET-BACKED SECURITIES											
	11.5 Defined						XXX	XXX				
	11.6 Other						XXX	XXX				
	11.7 Totals	6,193,687	3,413,407				XXX	XXX	9,607,094	100.000	9,607,094	
	11.8 Line 11.7 as a % of Col. 8	64.470	35.530				XXX	XXX	100.000	XXX	100.000	
12	. Total Publicly Traded Bonds								0.007.004	400,000		V V V
	12.1 Issuer Obligations 12.2 Single Class Mortgage-Backed/Asset-Backed Securities								9,607,094	100.000		XXX
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											^ ^ ^
	12.3 Defined											XXX
	12.4 Other											XXX
	MULTI-CLASS COMMERCIAL MORTGAGE-											
	BACKED/ASSET-BACKED SECURITIES											
	12.5 Defined 12.6 Other											XXX
	12.7 Totals								9,607,094	100.000		XXX
	12.8 Line 12.7 as a % of Col. 6							XXX	X X X	X X X		XXX
	12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX		XXX
13	. Total Privately Placed Bonds											
	13.1 Issuer Obligations										XXX	
	13.2 Single Class Mortgage-Backed/Asset-Backed Securities	[.				XXX	
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES										V V V	
	13.3 Defined 13.4 Other						.				XXX	
	MULTI-CLASS COMMERCIAL MORTGAGE-						.				^^.	
	BACKED/ASSET-BACKED SECURITIES						1					
	13.5 Defined										XXX	
	13.6 Other										XXX	
	13.7 Totals										XXX	
	13.8 Line 13.7 as a % of Col. 6						.	XXX	XXX	XXX	XXX	
	13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX	XXX	

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
				Other	Investments in
				Short-Term	Parent,
			Mortgage	Investment Assets	Subsidiaries
	Total	Bonds	Loans	(a)	and Affiliates
Book/adjusted carrying value, December 31 of prior year	1,825,709			1,825,709	
Cost of short-term investments acquired	5 677 221			5,677,221	
3. Accrual of discount					
Unrealized valuation increase (decrease)	. [
5. Total gain (loss) on disposals					
6. Deduct consideration received on disposals	2,758,196			2,758,196	
7. Deduct amortization of premium					
8. Total foreign exchange change in book/adjusted carrying value					
9. Deduct current year's other than temporary impairment recognized					
10. Book adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	4,744,734			4,744,734	
11. Deduct total nonadmitted amounts					
12. Statement value at end of current period (Line 10 minus Line 11)	4,744,734			4,744,734	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

NONE Schedule DB - Part A and B Verification

NONE Schedule DB - Part C, D and E Verification

NONE Schedule DB - Part F - Section 1

NONE Schedule DB - Part F - Section 2

NONE Schedule E Verification

NONE Schedule A - Part 1

NONE Schedule A - Part 2

NONE Schedule A - Part 3

NONE Schedule B - Part 1

NONE Schedule B - Part 2

NONE Schedule B - Part 3

NONE Schedule BA - Part 1

NONE Schedule BA - Part 2

NONE Schedule BA - Part 3

Showing All Long-Term BONDS Owned December 31 of Current Year

Telephone Tele	1	2		Code	es	6	7	l F	air Value	10		Change in Boo	ok/Adjusted Carn	ving Value					Interest		Da	tes
Rock Part		<u>-</u>	3		_	1					11			, 	15	16	17	18		20		-
13339F-673 FEDERAL PARIO CEDIT BANK 195.000 100.156 919.427 1.427 3.500 3.500 1.9300 1.003000 1.003		Description	Code	r e i	1	Desig-	•	Used To Obtain Fair			Adjusted Carrying	Valuation Increase /	Year's (Amortization) /	Year's Other Than Temporary Impairment	Foreign Exchange Change in	1	Rate	1	Amount Due &	Rec. During	Acquired	Maturity
13339F-673 FEDERAL PARIO CEDIT BANK 195.000 100.156 919.427 1.427 3.500 3.500 1.9300 1.003000 1.003	012020 ED O	LINITED STATES TREASURY					45 000	100.700	46.005	45.000	46.005	1.005					4 075			2 104	00/03/3006	00/15/2000
1333YP-62-5 FEDERAL HOME (LONB BANK 100,000 100,188 100,188 100,000 40,986 846 3.300 3.300 3.300 3.000																						
13339F26 FEDERAL HOME LOAN BANK 45,000 10,018 469,946 469,046 469 469 3.77 3.70 3.803 20040006 2004006 20040006 20040																						
13131Y-Y-15 FEDERAL FARM GEDIT PANK 1,00,000 10,0469 1,00,000 1,00469 1,00,000 1,00124 1,140																						
1/08/25/8 FEDERAL HOME MORTCAGE CO 1.08 289 100 124 1.00 1240 1.000 200 1.00																	1					
31301Y-VI-D FEDERAL FARM REDIT BANK 32000 3200 9,850 6050772008 010000 31301Y-VI-D FEDERAL FARM REDIT BANK 10,653 1010,63 1010,630 1000,000 10,0																	1					
13/31/1-74 FEDERAL FARIN CREDIT BANK 1,000.31 31 30 1,063 1,010.80 1,000.00																						
1331YFF FEDERAL FARIO CREDIT BANK 25,870 100,031 26,008 8 4.500 4.500 586 04/20/2008 04/2008 04/20/2008 04/20/2008 04/20/2008 04/20/2008 04/20/2008 04/20/2008 04/20/2008 04/20/2008 04/20/2008 04/20	1																1	1		3,004		
11/2007/2007 FEDERAL FRAIN CREDIT BANK												10,030								585		
133131G-E5 FEDERAL FRANC (SEDIT BANK 1,000,000 101.781 1,117.810 1,000,000 1							1					3 130										
1331G-GJ- FEDERAL FRAM CREDIT BANK 26,000 99,137 264,504 265,000 264,504 266,000 26,0																						
133131-GL/V FEDERAL FARM CREDIT BANK 200.000 99 125 198:250 200.000 198:250 (1.750) 2.375 2.375 12202008 1223200 133131-GL/V FEDERAL FARM CREDIT BANK 200.000 99 125 198:250 20.000 198:250 (1.750) 2.375 2.375 12202008 1200000 1000000-0 0 0 0 0 0 0 0 0 0 0 0 0																						
133131-1-V. FEDERAL FARN CREDIT BANK 200,000 99.125 199,250 200,000 198.250 (1.750) 2.375 2.375 2.375 2.000000000-00- 0.000000-00- 0.000000-00- 0.000000-00- 0.000000-00- 0.000000-00- 0.00000000																						
10,000,00-0.0 SUNTRUST CD							1															
10,531,649 XXX 10,531,649 XXX 10,533,424 10,513,955 10,553,424 39,466 XXX XX							1					(1,7,50)										
10,531,649 XXX 10,533,424 10,513,955 10,553,424 39,468 XXX	000000-00-											1,084										04/09/2009
10,531,649 XXX 10,533,424 10,513,955 10,553,424 39,468 XXX																	1					
S49999 Totals - Issuer Obligations 10.531,649 XXX 10,553,424 10,513,955 10,553,424 39,466 XXX XXX XXX XXX 73,679 XXX XXX	0199999 Issue	r Obligations					10,531,649	XXX	10,553,424	10,513,955	10,553,424	39,468				XXX	XXX	XXX		73,679	XXX	XXX
	0399999 Subto	otals – U.S. Governments			1		10,531,649	XXX	10,553,424	10,513,955	10,553,424	39,468				XXX	XXX	XXX		73,679	XXX	XXX
	5499999 Totals	s – Issuer Obligations					10.531.649	XXX	10.553.424	10.513.955	10.553.424	39.468				XXX	XXX	XXX		73.679	XXX	XXX
		<u></u>					.,,.		-,,	-,,	.,,											
			l : · · ·	'	1	l							1		l				1	[l	l
]	1									1		1			L	[l
					l	l																
					1								1	1	1	1	1		1	1	l	l
						l							1	1	l	1	1		[1		l
						l							1	1	l	1	1		[1		l
	[l									1		1	1	1	1			
																		1				
6000000 Total Bonds 10.531.640 Y.Y.Y 10.553.424 10.553.424 30.688 Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y																						
	6099999 Total	Bonds	-		1		10,531,649	XXX	10,553,424	10,513,955	10,553,424	39,468				XXX	XXX	XXX		73,679	XXX	XXX

E10

NONE Schedule D - Part 2 - Section 1

NONE Schedule D - Part 2 - Section 2

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Ident-	2	3	4	5	6 Number of Shares	7	8	9 Paid for Accrued Interest
ification	Description	Foreign	Date Acquired	Name of Vendor	of Stock	Actual Cost	Par Value	and Dividends
3133XP-BG-8	Bond at Regions Bank		01/30/2008	 FEDERAL FARM CREDIT BANK		915,000	915,000.00	16,013
3133XP-FC-3	Bond at Regions Bank		02/04/2008	FEDERAL HOME LOAN BANK		100,000	100,000.00	1,650
3133XP-E2-6	Bond at Regions Bank		02/04/2008	FEDERAL HOME LOAN BANK		450,000	450,000.00	8,033
31331Y-YR-5	Bond at Regions Bank		03/31/2008	FEDERAL FARM CREDIT BANK		1,000,000	1,000,000.00	15,750
3128X6-A8-9	Bond at Regions Bank		01/22/2008	FEDERAL HOME MORTGAGE CORP		1,008,395	1,000,000.00	19,600
31331V-PQ-3	Bond at Regions Bank		05/07/2008	FEDERAL FARM CREDIT BANK		382,032	379,000.00	9,854
31331Y-V3-1	Bond at Regions Bank		07/29/2008	FEDERAL FARM CREDIT BANK		1,005,313	1,000,000.00	
31331Y-F9-6	Bond at Regions Bank		04/22/2008	FEDERAL FARM CREDIT BANK		25,870	26,000.00	585
31331G-EY-1	Bond at Regions Bank		11/06/2008	FEDERAL FARM CREDIT BANK		1,000,000	1,000,000.00	
31331G-EE-5	Bond at Regions Bank		11/20/2008	FEDERAL FARM CREDIT BANK		1,000,000	1,000,000.00	
31331G-GE-3	Bond at Regions Bank		12/12/2008	FEDERAL FARM CREDIT BANK		265,000	265,000.00	
31331G-GU-7	Bond at Regions Bank		12/23/2008	FEDERAL FARM CREDIT BANK		200,000	200,000.00	
31331G-HW-2	Bond at Regions Bank		12/30/2008	FEDERAL FARM CREDIT BANK		200,000	200,000.00	
0399999	Subtotal - Bonds - U. S. Government				XXX	7,551,610	7,535,000.00	71,485
6099997	Subtotal - Bonds - Part 3				XXX	7,551,610	7,535,000.00	71,485
6099998	Summary Item from Part 5 for Bonds				XXX	4,812,137		
6099999	Total - Bonds				XXX	12,363,747	7,535,000.00	71,485
				.				
7499999	 Totals				XXX	12,363,747	XXX	71,485

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

	1		_					[T		T	1	T	T
1	2	3 4	5	6	7	8	9	10			in Book/Adjusted Carry	· •		16	17	18	19	20	21
		F							11	12	13 Current	14	15					Bond	
		0						Prior			Year's			Book/	Foreign			Interest/	
		r		Number				Year		Current	Other	Total	Total	Adjusted	Exchange	Realized	Total	Stock	
		e		of				Book/	Unrealized	Year's	Than	Change	Foreign	Carrying	Gain	Gain	Gain	Dividends	ļ.
CUSIP		i		Shares				Adjusted	Valuation	(Amort-	Temporary	in	Exchange	Value at	(Loss)	(Loss)	(Loss)	Received	
Ident-		g Disposal	Name of	of	Consid-	Par	Actual	Carrying	Increase/	ization)/	Impairment	B./A.C.V.	Change in	Disposal	on	on	on	During	Maturity
ification	Description	n Date	Purchaser	Stock	eration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Date	Disposal	Disposal	Disposal	Year	Date
1	1]]			l							1		1		1		1	1
3133MU-WA-9	FEDERAL HOME LOAN BANK - BO	01/24/2008	FEDERAL HOME L		1,405,000	1,405,000.00	1,406,757	1,404,129	2,628			2,628		1,404,129					01/24/2008
3136F6-TV-1	FANNIE MAE	01/18/2008	FANNIE MAE		1,000,000	1,000,000.00	993,125	999,690	6,565			6,565		999,690					01/18/2008
3133MX-LF-4	FEDERAL HOME LOAN BANK	01/29/2008	FEDERAL HOME L		915,000	915,000.00	913,856	915,000	1,144			1,144		915,000					01/01/2010
3133F0-ZQ-5	FEDERAL HOME LOAN MORTGA	01/31/2008	FEDERAL HOME L		400,000	400,000.00	395,813	399,748	3,935			3,935		399,748					01/15/2010
3133XA-P5-0	FEDERAL HOME LOAN MORTGA	01/31/2008	FEDERAL HOME L		50,000	50,000.00	49,531	50,000	469			469		50,000					03/02/2009
31331Q-JH-1	FEDERAL HOME LOAN BANK	02/01/2008	FEDERAL HOME		1,000,000	1,000,000.00	992,188	1,000,000	8,281			8,281		1,000,000					11/18/2009
31339X-M3-5 3133X5-YC-6	FEDERAL HOME LOAN BANK FEDERAL HOME LOAN BANK	03/31/2008	FEDERAL HOME L		1,000,000	1,000,000.00 200,000.00	973,438 198,500	198,938	20,312			20,312		993,750					04/28/2009 10/15/2008
3128X2-L2-9	FREDDIE MAC	03/17/2008	FREDDIE MAC		200,000	200,000.00	201,875	199,980	1,895			1,895		199,980					03/15/2010
3128X0-4M-8	FEDERAL HOME LOAN BANK	04/17/2008	FEDERAL HOME L		1,000,000	1,000,000.00	985,625	997,180	11,555			11,555		997,180					04/17/2008
3136F8-N3-5	FANNIE MAE	07/27/2008	FANNIE MAE		1,362,989	1,405,000.00	1,405,000	1,374,273	(42,011)			(42,011)		1,374,273					01/28/2013
31398A-NC-2	FANNIE MAE	07/29/2008	FANNIE MAE		994,583	1,000,000.00	998,438	991,560	(3,855)			(3,855)		991,560					02/11/2011
000000-00-	SUNTRUST CD'S	07/25/2008	SUNTRUST		1,877,693	1,600,000.00	1,600,000	1,600,000	277,693			277,693		1,600,000					07/22/2008
3133X6-Q7-4	FEDERAL HOME LOAN BANK	0 02/07/2008	FEDERAL HOME L		100,000	100,000.00	98,749	100,000	2,103			2,103		100,000					04/28/2009
3133XK-WD-3	FEDERAL HOME LOAN BANK	12/08/2008	FEDERAL HOME L		265,000	265,000.00	265,000	268,479						265,167				1	12/08/2012
	1	1 1	1									1				1		1	
0399999	Subtotal - Bonds - U.S. Governments	s T		XXX	11,770,265	11,540,000.00	11,477,895	11,492,727	292,214			292,214		11,490,477					XXX
6099997	Subtotal - Bonds - Part 4			XXX	11,770,265	11,540,000.00	11,477,895	11,492,727	292,214			292,214		11,490,477					XXX
6099998	Summary Item from Part 5 for Bonds	;		XXX	4,762,772		4,812,137	0						4,766,703		(49,365)	(49,365)		XXX
6099999	Total - Bonds			XXX	16,533,037	11,540,000.00	16,290,032	11,492,727	292,214			292,214		16,257,180		(49,365)	(49,365)		XXX
1	1]]			l						l	1		1		1		1	1
		1 1			[I	
1		1 1			[[1	
		1 1										1					1	1	1
																		1	
		1 1										1						1	
		1																	
		1																	
		1																	
																	1		
7499999	Totals				16,533,037	XXX	16,290,032	11,492,727	292,214			292,214		16,257,180		(49,365)	(49,365)		XXX

F14

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

		1																	
1	2 3	4	5	6	7	8	9	10	11	12		ok/Adjusted Ca	<i>.</i>	10	17	18	19	20	21
										12	13	14	15	16					
						Par Value			Dools!			Current			Faraian			Interest	
	0								Book/		0	Year's	T-4-1	T-4-1	Foreign	Darkerd	T-4-1	Interest	Daidfan
						(Bonds)			Adjusted		Current	Other	Total	Total	Exchange	Realized	Total	and	Paid for
OLIOID.	e .					or			Carrying	Unrealized	Year's	Than	Change	Foreign	Gain	Gain	Gain	Dividends	Accrued
CUSIP	1					Number of			Value	Valuation	(Amort-	Temporary	in	Exchange	(Loss)	(Loss)	(Loss)	Received	Interest
Ident-	9	Date	Name of	Disposal	Name of	Shares	Actual		at	Increase/	ization)/	Impairment	B./A.C.V.	Change in	on	on	on	During	and
ification	Description n	Acquired	Vendor	Date	Purchaser	(Stock)	Cost	Consideration	Disposal	(Decrease)	Accretion	Recognized	(12+13-14)	B./A.C.V.	Disposal	Disposal	Disposal	Year	Dividends
3133XN-YD-5	FEDERAL LOAN HOME BANK	01/14/2008	FEDERAL HOME LOAN	10/14/2008	FEDERAL HOME BANK		1,000,000	1,005,200	1,000,310							5,200	5,200		
3136F8-N3-5	FANNIE MAE	01/28/2008	FANNIE MAE	07/29/2008	FANNIE MAE		1,405,000	1,362,989	1,374,273							(42,011)	(42,011)		
31398A-NC-2	FANNIE MAE	02/14/2008	FANNIE MAE	07/29/2008	FANNIE MAE		998,438	994,583	991,560							(3,855)	(3,855)		
31331Y-GM-6	FEDERAL FARM CREDIT BANK	03/11/2008	FEDERAL FARM CREDI	12/05/2008	FEDERAL FARM CREDI		203,230	200,000	200,062							(3,230)	(3,230)		
3133XQ-DM-1	FEDERAL HOME LOAD BANK	03/24/2008	FEDERAL HOME LOAN	12/23/2008	FEDERAL HOME LOAN		200,000	200,000	200,188										
31331V-DZ-6	FEDERAL FARM CREDIT BANK	07/29/2008	FEDERAL FARM CREDI	11/07/2008	FEDERAL FARM CREDI		1,005,469	1,000,000	1,000,310							(5,469)	(5,469)		
2000000							4 0 4 0 4 0 7	4 700 770	1 700 700							(40.005)	(40.005)		
0399999	Subtotal - Bonds - U.S. Governments						4,812,137	4,762,772	4,766,703							(49,365)	(49,365)		
6099998	Subtotal - Bonds						4,812,137	4,762,772	4,766,703							(49,365)	(49,365)		
0033330	Subtotal - Borius						4,012,107	4,102,112	4,700,700							(43,303)	(43,303)		
i																			
1																			
1																			
1																			
1																			
1																			
1																			
1																			
7499999	Totals	1	1			XXX	4,812,137	4,762,772	4,766,703							(49,365)	(49,365)		
00000		•		1	1		.,5.2,101	.,,. 12	.,. 55,100					1	1	(.0,500)	(.0,000)		

NONE Schedule D - Part 6 - Section 1 and 2

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	Codes	4	5	6	7	Chan	ge in Book/Adj	usted Carrying	Value	12	13			Interes	st .			20
	2 3	1				8	9	10	11	1		14	15	16	17	18	19	1
Description	F o r e i g Cod n	Date Acquired	Name of Vendor	Maturity Date	Book / Adjusted Carrying Value	Unrealized Valuation Increase / (Decrease)	Current Year's (Amortization Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	Non-Admitte Due And Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
Commercial Paper BFPP Cusip#11563V Commercial Paper GECC Cusip#36959H Commercial Paper GECC Cusip#36959 Certificate of Deposits Certificate of Deposits		10/28/2008 07/28/2008 09/18/2008 07/05/2008 07/18/2008	Suntrust Suntrust	01/14/2009 01/26/2009 01/16/2009 02/05/2009 07/18/2009	937,994 926,183 991,733 1,335,593 553,231					943,000 939,000 1,000,000 1,335,593 553,231	937,994 926,183 991,733 1,335,593 553,231	4,028 10,727 7,069 30,680 9,257		2.300 2.700 2.480 4.400 3.800	2.300 2.700 2.480 4.400 3.800			
8199999 Other Short-Term Invested Ass	ets	1			4,744,734					XXX	4,744,734	61,761		XXX	XXX	XXX		
										[
	-																	
	.																	
	.																	
	.																	
	.																	
	.					1			1			1						1
						I			l									1
																		1
	.																	
	.																	
	.																	
	.																	
	.																	
	.																	
	.																	
	.																	
	.																	
	.			1														1
	.																	
	.																	
	.									1								
8299999 TOTALS			1	•	4,744,734	1			1	XXX	4,744,734	61,761		XXX	XXX	XXX		

NONE Schedule DB - Part A - Section 1 and 2

NONE Schedule DB - Part A - Section 3 and Part B - Section 1

NONE Schedule DB - Part B - Section 2 and 3

NONE Schedule DB - Part C - Section 1 and 2

NONE Schedule DB - Part C - Section 3 and Part D - Section 1

NONE Schedule DB - Part D - Section 2 and 3

NONE Schedule DB - Part E - Section 1

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7
OPEN DEPOSITORIES REGIONS BANK - HMO OPERATING MEMPHIS, TN REGIONS BANK - ASO OPERATING MEMPHIS, TN REGIONS BANK - MEDICARE OPERATING MEMPHIS, TN REGIONS BANK - SUBROGATION MEMPHIS, TN SUNTRUST BANK MEMPHIS, TN		1.635 1.635	103,408 91,540		254,634 82,376 1,453,132 122,129 19,336	
019998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX				XXX
019999 Totals - Open Depositories	XXX	XXX	194,948		1,931,607	XXX
SUSPENDED DEPOSITORIES						
0299998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (See Instructions) - Suspended Depositories 0299999 Totals - Suspended Depositories	XXX	XXX XXX				XXX
0399999 Total Cash on Deposit	XXX	XXX	194,948		1,931,607	XXX
					1,331,007	
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
l l						

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

	1. January	6,701,177 4. April	6,543,243 7. July	6,518,123	10. October	4,792,261
1	2. February	8,068,030 5. May	6,775,066 8. Augu	st 7,535,155	11. November	2,926,641
	3 March	6 115 015 6 June	6 531 951 9 Sente	mber 6 673 367	12 December	1 931 607

NONE Schedule E - Part 2

NONE Schedule E - Part 3



SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2008 (To Be Filed by March 1)

PART 1 – INTERROGATORIES

- 2. Did any person while an officer, director, or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity?

Yes [] No [X]

3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?

Yes[]No[X]

PART 2 — OFFICERS AND EMPLOYEES COMPENSATION

1	2		Annual Co	mpensation	
		3	4	5	6
Name and Principal Position	Year	Salary	Bonus	Compensation	Totals
Chief Executive Officer - STEPHANIE DOWELL	2008	270,569			270,569
	2007	245,723			245,723
	2006				
1. STEPHEN HARRIS	2008	274,000			274,000
CHIEF FINANCIAL OFFICER	2007	242,500			242,500
***************************************	2006				
2. EDWARD REED	2008				
SENIOR VICE PRESIDENT-MEDICAL SERVICES	2007				
	2006	102,543			102,543
3. STACEY HILL	2008	50,732			50,732
VICE PRESIDENT MIS	2007	132,456			132,456
110111111111111111111111111111111111111	2006	122,448			122,448
4. MYLA JOHNSON	2008	71,510			71,510
VICE PRESIDENT-MEDICAL SERVICES	2007	125,440			125,440
VIOL I ILCOIDEIVI MEDIO/IL GEITTIGEG	2006	115,591			115,591
5.	2008	110,001			110,001
•	2007				
	2006				
6.	2008				
	2007				
	2006				
7.	2008				
· · · · · · · · · · · · · · · · · · ·	2007				
	2006				
8.	2008				
• • • • • • • • • • • • • • • • • • • •	2007				
	2006				
9.	2008				
***************************************	2007				
	2006				
10.	2008				
	2007				
	2006				

PART 3 — DIRECTOR COMPENSATION

1	2	3	4
Name and Principal Position or Occupation	Compensation Paid or Deferred for Services as Director	All Other Compensation Paid or Deferred	Totals
-		Deletted	
GROVER BARNES MD	4,000		4,000
2. LOGAN MILLER MD	4,250		4,250
3. KINGSLEY ORAEDU MD	3,250		3,250
4. NEAL BECKFORD MD	1,500		1,500
5. RICKY WILKINS	2,000		2,000
6. JULIUS COMBS MD	1,414		1,414
7. THOMAS GOSS	3,840		3,840
GRISELLE FIGUEREDO MD	2,000		2,000
9. STANLEY SAWYER	3,250		3,250
10. SAMUEL KING	3,000		3,000
11. LLYOD ROBINSON	3,450		3,450
12. RICHARD BROWN	550		550
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			



MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Company Code NAIC Group Code 0000

		Individua	l Coverage	Group (Coverage	5
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
	Premiums Collected			_		
1.1	Standard Coverage					
	1.11 With Reinsurance Coverage		X X X		XXX	
	1.12 Without Reinsurance Coverage		XXX		XXX	
	1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2	Supplemental Benefits		XXX		XXX	
2.	Premiums Due and Uncollected-change					
2.1	Standard Coverage					
	2.11 With Reinsurance Coverage		XXX		XXX	XXX
	2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2	Supplemental Benefits		XXX		XXX	XXX
3.	Unearned Premium and Advance Premium-change					
3.1	Standard Coverage					
	3.11 With Reinsurance Coverage		XXX		XXX	XXX
	3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2	Supplemental Benefits		XXX		XXX	XXX
4.	Risk-Corridor Payment Adjustments-change					
4.1	Receivable		XXX		XXX	XXX
4.2	Payable		XXX		XXX	XXX
5.						
5.1	Standard Coverage					
	5.11 With Reinsurance Coverage		xxx		xxx	xxx
	5.12 Without Reinsurance Coverage		XXX		XXX	XXX
	5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2	Supplemental Benefits	N()N	XXX		XXX	XXX
	Total Premiums	1011	XXX		XXX	
	Claims Paid				111111	
	Standard Coverage			•		
	7.11 With Reinsurance Coverage		xxx	•	xxx	
	7.12 Without Reinsurance Coverage		XXX		XXX	
7.2	0 1 110 6		XXX		XXX	
8.	***					
	Standard Coverage					
0.1	0.44 With Dainessana Courses		XXX	•	XXX	XXX
	0.40 W/tht D-i		XXX		1	1
0.0	8.12 Without Reinsurance Coverage		1		XXX	XXX
	Supplemental Benefits		XXX		XXX	XXX
9.	3.					
9.1	Standard Coverage		, , , , , , , , , , , , , , , , , , ,	•		
	9.11 With Reinsurance Coverage		XXX		XXX	XXX
	9.12 Without Reinsurance Coverage		XXX		XXX	XXX
	Supplemental Benefits		XXX		XXX	XXX
	Claims Incurred					
10.1	Standard Coverage					
	10.11 With Reinsurance Coverage		XXX		XXX	XXX
	10.12 Without Reinsurance Coverage		XXX		XXX	XXX
	Supplemental Benefits		XXX		XXX	XXX
11.	Total Claims		XXX		XXX	
12.	Reinsurance Coverage and Low Income Cost Sharing			•		
12.1	Claims Paid – Net To Reimbursements Applied	XXX		XXX		
12.2	Reimbursements Received but Not Applied-change	XXX		XXX		
12.3	•	XXX		XXX		XXX
12.4	Health Care Receivables-change	XXX		XXX		XXX
13.	Aggregate Policy Reserves-change					XXX
14.	Expenses Paid		XXX		XXX	
15.	Expenses Incurred		XXX		XXX	XXX
16.			XXX		XXX	XXX
17	Cash Flow Result	XXX	XXX	XXX	XXX	

UAHC Health of Tennessee, Inc NAIC 2008 Annual Statement MLR to NAIC Reconciliation

Statement of Revenue and Expenses- Page 4, Line 16	-
Add: Reinsurance Ceded from U & I Exhibit, Page 8, Line 15	-
Total	-
Total Medical Expenses Paid per 12/31/08 MLR	
January-December, 2008	
Lag Timing Adjustment Less: IBNR as of 12/31/08	_
EC33. IDIAIX 43 01 12/01/00	_
	 -
	-
11	
Unreconciled difference	-

MEDICAL LOSS RATIO REPORT ALL REGIONS

MCO	
-----	--

UAHC Health Plan, Inc. Reporting Month Decemberr 2008 (pymts for DOS 06/30/02 & prior) Enrollment TennCare Capitation Payment Payments for Medical Services for the Month UB 92 Payments by the Claims Processing System	July 46,440 6,894,792 3,062,990 1,384,825	August 48,006 7,269,628 2,816,337	2000 Incurred Month September 48,686 7,294,441	October 49,776 7,519,336	November 50,163 7,573,081	December 51,092 7,809,249	January 50,984 7,557,194	February 51,061	2001 Incurred Month March 48,028	April 53,117	May 53,117	June 55,504	For the Year Ended 6/30 6/30/2001	July	August	2001 Incurred Month September	October	November	December	January	February	2002 Incurred Month March 121.541	April 122.018	May 120.330	June 120.054	For the Year Ended 6/30 6/30/2002
Decemberr 2008 (pymts for DOS 06/30/02 & prior) Enrollment TennCare Capitation Payment Payments for Medical Services for the Month UB 92 Payments by the Claims Processing System	46,440 6,894,792 3,062,990	August 48,006 7,269,628	Incurred Month September 48,686	49,776	50,163	51,092	50,984	51,061	Incurred Month March 48,028				Ended 6/30	,	August	Incurred Month September					February	Incurred Month March				Ended 6/30 6/30/2002
Enrollment TennCare Capitation Payment Payments for Medical Services for the Month UB 92 Payments by the Claims Processing System	46,440 6,894,792 3,062,990	August 48,006 7,269,628	September 48,686	49,776	50,163	51,092	50,984	51,061	March 48,028					,	August	September					February	March				6/30/2002
TennCare Capitation Payment Payments for Medical Services for the Month UB 92 Payments by the Claims Processing System	46,440 6,894,792 3,062,990	48,006 7,269,628	48,686	49,776	50,163	51,092	50,984	51,061	48,028				6/30/2001	,	, , , , ,						,					
TennCare Capitation Payment Payments for Medical Services for the Month UB 92 Payments by the Claims Processing System	6,894,792 3,062,990	7,269,628								53,117	53,117	55,504										121 541	122.010	120.220	120.054	
Payments for Medical Services for the Month UB 92 Payments by the Claims Processing System	3,062,990	.,,	7,294,441	7,519,336	7,573,081	7,809,249	7,557,194	7 569 170						75,104	76,324	77,410	77,914	78,807	79,739	75,032	105,886	121,541	122,018	120,550	120,054	1,130,159
Payments for Medical Services for the Month UB 92 Payments by the Claims Processing System	3,062,990	.,,	7,294,441	7,519,336	7,573,081	7,809,249	7,557,194	7 560 170																		
UB 92 Payments by the Claims Processing System		2,816,337						7,505,170	7,665,545	7,943,588	8,184,011	8,342,914	91,622,951	11,078,169	10,937,453	11,014,685	10,914,056	11,216,705	11,400,419	10,661,507	14,468,546	17,026,493	17,226,598	16,843,838	16,872,878	159,661,348
UB 92 Payments by the Claims Processing System		2,816,337																								
			2,721,351	2.856.959	3,121,884	2.604.113	3,768,701	2,877,694	2,404,305	2,503,010	3,165,761	4,463,875	36,366,979	4,791,258	5,629,220	4.768.100	6,011,407	5,757,499	5,688,716	5,895,840	5,971,937	8,268,569	8,346,370	8,632,633	9,655,525	79,417,074
HCFA1500 Payments by the Claims Processing System		1,535,180	1,459,501	1,495,246	1.024.238	1.264.644	1.605,246	2.316.429	2,658,058	2,729,720	1.689.443	1.728,286	20,890,816	2.002.413	2,599,226	2,483,289	2.848.270	2,721,294	2,621,617	2,925,634	3.187.710	3,973,700	4,355,370	4,458,564		38,410,784
Dental Payments by the Claims Processing System	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Capitation Payments	459,900	464,935	465,990	472,377	481,853	494,108	370,166	364,811	391,475	392,608	357,423	375,316	5,090,961	405,783	286,006	628,645	606,629	585,309	561,056	560,542	615,894	898,333	862,915	859,101	676,269	7,546,482
Pharmacy Payments	852,411	788,015	1,001,384	793,825	978,307	891,440	1,284,218	924,000	943,092	937,321	1,170,720	903,155	11,467,888	1,408,399	1,264,044	1,318,471	1,818,243	1,510,762	1,624,203	1,967,811	2,077,281	2,552,856	2,493,448	2,969,831	2,383,515	23,388,863
Subcontractor Payments for Medical Services	134,538	158,690	145,956	79,591	224,665	128,988	97,028	103,209	145,942	126,985	102,567	134,332	1,582,491	103,687	392,122	201,140	197,917	197,661	199,406	187,580	264,715	303,853	387,143	382,923	680,502	3,498,649
Reinsurance Payment	17,647	23,523	23,856	24,390	26,381	62,298	27,022	27,062	25,455	28,152	28,152	29,417	343,356	63,599	48,084	48,862	49,086	49,648	38,064	38,514	34,417	67,869	64,442	59,165	57,304	619,054
Other Payments/Adjustments to Medical Costs	2,183	253,932	252,825	251,573	252,301	102,783	2,306	6,565	1,828	39,344	27,707	8,792	1,202,140	41,905	64,516	59,020	10,081	42,583	96,395	7,361	20,512	61,505	49,500	70,334	452,555	976,268
Less:																										
BHO Capitation Revenue													0													0
Pharmacy Rebates												1,452	1,452	55,668	55,668	55,668	63,538	63,538	63,538	82,707	82,707	82,707	102,559	102,559	102,559	913,414
Recoveries not Reflected in Payments by the Claims System													0													0
Total Payments for the month	5,914,495	6,040,611	6,070,864	5,973,960	6,109,629	5,548,374	7,154,687	6,619,770	6,570,156	6,757,139	6,541,772	7,641,721	76,943,178	8,761,377	10,227,551	9,451,859	11,478,096	10,801,219	10,765,920	11,500,574	12,089,759	16,043,976	16,456,629	17,329,992	18,036,808	152,943,761
Remaining IBNR for the month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Payments and Remaining IBNR for the month	5,914,495	6,040,611	6,070,864	5,973,960	6,109,629	5,548,374	7,154,687	6,619,770	6,570,156	6,757,139	6,541,772	7,641,721	76,943,178	8,761,377	10,227,551	9,451,859	11,478,096	10,801,219	10,765,920	11,500,574	12,089,759	16,043,976	16,456,629	17,329,992	18,036,808	152,943,761
Medical Loss Ratio	85.8%	83.1%	83.2%	79.4%	80.7%	71.0%	94.7%	87.5%	85.7%	85.1%	79.9%	91.6%	84.0%	79.1%	93.5%	85.8%	105.2%	96.3%	94.4%	107.9%	83.6%	94.2%	95.5%	102.9%	106.9%	95.8%

UAHC Health Plan of Tennessee, Inc. 2008 Annual Statment UB92 Payments by Claims Processing System (MLR)

Month Paid by the Claims System

	Total	Refere luly	Incurred Month	of Service	Son 00	Oat 00	Nov 00	Dec 00	lon O1	Eab 01	Mor 04	Apr 01	May 01	lun 01	lul 01	Aug 01	Son 01	Oct 01	Nov. 01	Dec-01	Jan-02	Feb-02	Mor 02	Apr 02	May 02	lun 02
Jul-00 Aug-00	Total 2,491,75 1,669,16	Before July 6 2,205,67 8 676,34	5 286,080	Aug-00 104,840	Sep-00	Oct-00	Nov-00	Dec-00	Jan-01	Feb-01	Mar-01	Apr-01	May-01	Jun-01	Jul-01	Aug-01	Sep-01	Oct-01	Nov-01	Dec-01	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02
Sep-00 Oct-00	3,305,82	3 733,93	1 790,463	1,490,924	290,505	23,433																				
Nov-00 Dec-00	2,329,72	3 286,60	1 340,220	227,788	504,935	945,452 734,508	24,726 915.806	22,691																		
Jan-01	2,383,73	8 326,47	68,089	98,271	156,571	300,437	665,266	729,880	38,749	474.044																
Feb-01 Mar-01	4,293,92 2,548,33	8 59,50	9 41,078	19,445	77,787	265,545 114,995	793,669 271,381	1,117,307 210,288	1,157,427 1,033,075	474,241 707,864	12,917															
Apr-01 May-01	3,609,33 1,869,11	0 411,68	1 (3,716)	13,357	135,055	160,924 31,363	28,539 16,406	201,393 51,322	783,115 208,568	817,907 191,958	1,152,651 218,940	64,427 594,177	0													
Jun-01 Jul-01	2,564,58 4,210,65	4 44,34	4 4,715	44,937	46,901	15,527 83,521		30,099 5,413	88,704 48,024	259,284 (53,440)	246,408 253,053	628,281 272,017	1,213,751 1,365,966	86 2,072,851	0											
Aug-01 Sep-01	4,650,18 4,760,18	1 14,08	7 6,022	17,912	30,768	15,952 78,085	36,813	80,984 81,475	33,403 26,358	38,367 170,844	101,723 73,306	278,567 193,326	228,299 64,390	1,332,771 269,753	2,287,112 1,258,110	2,536 2,438,661	271									
Oct-01 Nov-01	5,233,69 4,732,89					33,130 33,619	49,558 45,622	27,408 52,818	98,970 38,621	11,186 48,128	38,972 72,556	120,973 66,740	31,536 24,052	100,460 93,310	378,393 149,568	1,730,952 268,126	2,531,850 1,142,427	5,048 2,465,529	12,717							
Dec-01 Jan-02	5,995,60 6,575,43				431 3,843	7,493	23,579 7,794	5,296 (26,558)	2,057 41,350	1,360 8,114	10,186 56,638	46,238 17,336	28,428 40,637	59,454 41,106	67,354 160,939	137,108 339,318	353,151 251,166	2,046,901 331,655	3,127,713 1,553,259	60,800 3,402,725	129,119					
Feb-02 Mar-02	6,837,76 5,806,65								25,000 80,000	25,000 80,000	25,000 80,000	34,656 89,846	39,061 33,196	96,345 45,278	125,458 79,884	194,157 99,811	70,114 77,107	531,670 153,843	395,540 155,212	1,430,327 129,177	3,845,434 920,168	3,679,326	103,808			
Apr-02 May-02	8,126,60	1				12,975	2,824 72,604	4,847 9,451	2,413 41,012	3,605 7,135	12,600	16,901 31,923	46,388 397	106,863 121,754	23,884 18,442	52,331 57,132	118,920 22,233	166,186 24,798	148,023 47,903	211,455 65,906	272,148 157,869	1,276,611 268,443	5,457,015 1,438,646	203,213 5,378,135	294,498	
Jun-02 Jul-02	9,394,93 7,277,70	6							21,854	25,694 10,628	29,201 1,966	25,092 10,605	25,158 1,920	53,926 1,870	95,379 66,436	191,095 15,979	104,665 13,378	122,147 20,098	166,206 36,130	129,514 110,509	171,063 40,846	249,199 93,111	428,585 204,607	1,387,313 540,845	5,852,774 957,672	316,073 5,151,102
Aug-02 Sep-02		2								49,819	19,492	9,878 232	(4,857)	46,597	4,031 46,544	58,338 18,297	6,915 31,996	7,583 42,322	(17,167) 13,586	14,554 125,064	131,065 99,487	239,662 70,494	393,665 190,841	548,875 103,486	677,202 331,812	1,738,570 925,540
Oct-02 Nov-02	1,264,05 361,54	9									416		5,828	1,240 118	249 3,276	6,187 5,450	1,053 2,668	19,062 5,749	15,178 573	(24,613) 10,516	63,295 18,256	45,157 24,026	45,850 (75,107)	158,160 (42,637)	93,617 94,230	839,207 308,600
Dec-02 Jan-03	404,80 142.51	4											3,020	5,940	20,125 9,922	15,599 177	40,994 713	1,626 4,212	4,414 17.014	6,906 236	26,455 276	12,204	53,782 41.163	17,496	96,211 42,176	103,052 14,054
Feb-03 Mar-03	97,96 95,62	6													5,522	177	1,158	297	1,294	2,175	1,070 7,600	10,171 3,185	4,005 2,403	(95,866) 11,060	28,139 49,456	146,681 20,764
Apr-03 May-03	107,94	9											13,930	12,375	118	197	1,138	29,569 37,643	98	2,345 8,073	5,945 8,159	553 4,750	7,303 3,905	19,497 8,506	19,774 20,587	20,764 22,865 18,779
Jun-03	59,08	8									(1,720)	(936)		1,450			(322)	4,193	238		(7)	14,453	20,889	4,281	394	16,175
Jul-03 Aug-03	239,32 11,83	3											10,950 (654)	1,450	245 4,840	3,625	3,723 (531)	4,937	105,004 (1,230)	8,700	(346)	5,792 460	4,572 1,350	43,788 5,904	44,728 7,635	2,160 (1,101)
Sep-03 Oct-03	72,99 25,75	2													4,840			(494)	(939)	(223)	527	257		65,700	(1,073) 30,452	3,496 (3,795)
Nov-03 Dec-03	(5,93	6)																			(890)			(518) (3,511)	5,160 (3,050)	3,550 1,515
Jan-04 Feb-04	36,23 1,29	9										2,883 (151)				(56)	(725)		68		68	92 1,450			(3,073)	36,979
Mar-04 Apr-04	(2,26																						(1,632)	(8)		(10) 701
May-04 Jun-04	(2,13 14,03													(431)		(43)					(837)	2,181	(2,134) (1,871)	3,072	6,995	4,969
Jul-04 Aug-04	(2,71 5,62																(8)	(6) 0			(22)	(532) 0	(1,661) (683)	40	95 0	(579) 6,265
Sep-04 Oct-04	(1,99	7)																								(1,997)
Nov-04 Dec-04	(10																								(108)	(176)
Jan-05 Feb-05	(1,47												(1,341)							(167)			(71)	35 0		
Mar-05 Apr-05	(5												0							0		(178)	0	0		(54)
May-05 Jun-05	(5,87	3)													(484) (6,672)	(5,665)	(4,836)	(200)				((5,189)			
Jul-05 Aug-05	(14,41	0													(16.00)	(82.00)	(4,000)	(3,772.00)	(2,483.00)	(1,300.00)		(5,814.00)	(433.00)	2.00	(270.00)	(249.00)
Sep-05 Oct-05	8	4													(10.00)	(02:00)		(3,772.00)	(2,403.00)	(1,300.00)		(3,614.00)	(455.00)	84.00 (35.00)	(270.00)	(248.00)
Nov-05 Dec-05	(32,58	2)											(1,351.00)	(294.00)	(729.00)	(792.00)	(9,142.00)	(19,326.00)	(14,137.00)	(20,940.00)	(5,078.00)	(356.00) (60,232.00)	(31,276.00) (9,598.00)	(20,518.00)	(29,612.00)	(950.00) (129,685.00)
Jan-06	(3,05	6)											(1,351.00)	(30.00)	(728.00)	(192.00)	(8,142.00)	(18,320.00)	(14,137.00)	(20,940.00)	(5,076.00)	(00,232.00)	(8,380.00)	(3,026.00)	(25,012.00)	
Feb-06 Mar-06 Apr-06	(19 255,36	9											76.00		60.00	773.00 11.00	9,138.00	10,132.00	12,866.00	16,700.00	4,171.00	54,208.00	2,679.00 (8.065.00)	14,316.00	15,957.00 341.00	(195.00) 114,429.00
May-06	(17,09	0											76.00		60.00	11.00	23.00	5.00	262.00	278.00			(8,065.00)	(10,086.00)	341.00	2.00
Jun-06 Jul-06	_	0																	,				,			
Aug-06 Sep-06	2,44	0																	939.00				1,500.00			8.00
Oct-06 Nov-06		0																								
Dec-06 Jan-07	(2,88	0)												(366.00)	(1,207.80)										(86.08)	(1,220.00)
Feb-07 Mar-07		0																								
Apr-07 May-07		0]		
Jun-07 Jul-07		0																								
Aug-07 Sep-07		0																								
Oct-07 Nov-07		0															-							-		
Dec-07 Jan-08		0																								
Feb-08 Mar-08		0																								
Apr-08 May-08		0																								
Jun-08 Jul-08		0																	(20,783.00)			(19,200.00)				
Aug-08 Sep-08																			(==,/00.00)			(,200.00)	(278.24)			
Oct-08 Nov-08		0																								
Dec-08		0																								
j	121,543,83	3 5,759,77	3,062,990	2,816,337	2,721,351	2,856,959	3,121,884	2,604,113	3,768,701	2,877,694	2,404,305	2,503,010	3,165,761	4,463,875	4,791,258	5,629,220	4,768,100	6,011,407	5,757,499	5,688,716	5,895,840	5,971,937	8,268,569	8,346,370	8,632,633	9,655,525

UAHC Health Plan of Tennessee, Inc. 2008 Annual Statment HCFA 1500 Payments by Claims Processing System (MLR)

Jul-00	Total Befo	Month of Servi	Jul-00	Aug-00	Sep-00	Oct-00	Nov-00	Dec-00	Jan-01	Feb-01	Mar-01	Apr-01	May-01	Jun-01	Jul-01	Aug-01	Sep-01	Oct-01	Nov-01	Dec-01	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02
Aug-00 Sep-00 Oct-00	1,053,225 1,786,473 893,488	1,024,578 264,099 150,059 68,935	305,845 627,783 316,004 43,965 33,930 11,639 5,597 11,419 2,434 1,131 1,665 4,424 2,119	161,343 960,135 182,470	360,275 565,157	32,941																				
Nov-00 Dec-00 Jan-01	1,135,025 911,807 1,110,945	12,551 59,599	33,930 11,639 5,597	72,021 52,172 33,059	305,456	704,847 442,935 94,804 133,810 33,842 14,142 2,985 3,639	6,420 226,468 332,018	18,11 558,60	9 382																	
Feb-01 Mar-01 Apr-01	1,804,133	29,449 19,749 10,028 28,956	11,419 3,115	22,388 9,436 5,886 7,416	48,032 24,575 16,084 8,343 4,570 6,741	133,810 33,842 14,142	332,018 265,174 90,402	460.22	2 846,226 479 484	20,571 1,129,158 704,731 213,277 103,904	19,212	163 500														
May-01 Jun-01 Jul-01	2,642,251 1,716,033 2,364,213	10,028 28,956 (250,943) 44,708	1,131 1,865	4,400	4,570 6,741	2,985 3,639	90,402 49,708 5,918 4,337	68,19 11,94 3,86	29,749	213,277 103,904	19,212 1,446,624 591,162 339,736 106,770 47,439	163,599 1,077,173 995,715	21,646 818,865	3,526	00.070											
Aug-01 Sep-01 Oct-01	1,726,734 1,565,271 2,391,417 3,345,203	7,386 10,611 78,249 3,979	2,119 13,535	2,594 2,051 19,807	2,658 713 16,014	2,129 2,520 26,853	9,580 1,743 32,470	4,82 6,72 13,02	8,475 2 8,475 0 29,419	42,696 27,682 36,668 6,079	47,439 59,436	171,314 139,594 94,774 17,870	557,136 110,459 58,971 51,775	775,190 573,459 169,285	20,076 615,656 742,314 410,393	16,028 995,724 1,195,172	4,877 1,467,417									
Nov-01 Dec-01	3,345,203 2,406,107 2,348,066 3,040,722	3,979 0	0	0	0	0	0		0	4,297 2,494 4,812	59,436 12,783 2,117 3,537 6,539	2,203 20,936 6,688	7,933 6,107 14,505	114,612 11,606 2,631	87,636 24,253 12,644	1,195,172 210,394 65,401 19,105	1,467,417 620,620 166,877 93,898	65,124 1,449,772 845,591 295,563	9,529 1,208,296	1,943 1,403,719						
Jan-02 Feb-02 Mar-02	2,922,300 2,870,025	0	0	0	0	0	0		0	1,715 2,561	2,888 1,169	9,931 439	6,480 4,602	8,965 11,780 884	12,644 11,585 5,899 26,342 10,169	19,105 18,242 2,420	18,622 4,179	98,498 20,263	1,149,380 207,310 67,054 31,060 5,745	861,901 170,423	24,901 1,642,855 853,324 205,155 88,925	30,494 1,672,394	64,415			
Apr-02 May-02 Jun-02	3,730,997 4,138,530 4,229,738									138 5,936 5,871	5,258 2,058 6,230	4,672 9,754 2,750	1,603 9,929 3,629	12,776 8,339 9,938	15.971	16,812 9,958 14,102	13,863 16,256 41,109	9,037 22,970 17,433	31,060 5,745 (19,776)	88,075 35,472 (4,135)	205,155 88,925 14,179	1,030,105 184,588 77,247	2,222,622 1,124,365 214,874	63,480 2,553,524 1,143,333	50,544 2,629,146	57,8
Jul-02 Aug-02 Sep-02	3,608,690 1,480,516 687,067									320 342	6,230 (9) 377 670	385 2,495 777	320 0 1,447	169,285 114,612 11,606 2,631 8,965 11,780 884 12,776 8,339 9,938 257 113 308	251 470 4,976	18.242 2.420 16.812 9.958 14.102 158 330 2.367 6.524 18.970 3.631 2.063 3.855	6,021 2,319 2,210	1,230 637 (433)	(19,776) 9,438 5,020 4,116 1,611 25,909 4,280 7,614	(4,135) 3,704 3,310 3,996	2,938 7,604 3,627	18,167 6,774 8,247	99,895 11,302 6,762	63,480 2,553,524 1,143,333 208,075 90,925 47,261 20,881 167,692 9,951 10,866	1,047,008 233,350 179,841	2,210,5 1,115,4 420,5
Oct-02 Nov-02 Dec-02	210,879 978,941									209 2,871	56 1,732	418 8,554	3,808 2,773	(7) 5,112 4,336	915 1,127	6,524 18,970 3,631	561 13,045	720 12,272	1,611 25,909 4,280	3,198 23,587	5,287 51,692 4,193	6,210 97,374 31,362 8,783	30,188 144,229 16,899 12,639	20,881 167,692 9,951	14,967 201,257 6,931	115,3 200,7 6.1
Jan-03 Feb-03 Mar-03	113,010 86,433 69,075 78,402														4,965 6,239	2,063 3,855	291 1,428 1,099 10,939	1,792 4,295 2,090 1,614	7,614 2,595 2,681	18,258 2,049 634 6,063	3,875 2,882 2,946	8,783 3,113 3,008	12,639 8,558 10,565	10,866 12,194 11,166	11,189 12,798 17,109	15,3 19,2
Apr-03 May-03 Jun-03	69,075 78,402 27,844 81,605									37 299	1,046	20	6,677	14,400	826	391	268	3,374 303	2,595 2,681 684 4,730 520 (338) (37) 840	634 6,063 1,167 495 377	14,179 2,938 7,604 3,627 5,287 51,662 4,193 3,875 2,882 2,946 1,629 1,447 140 6,50 3,407 5,6697 200 672	3,113 3,008 6,338 1,831 348	872 3.767	10,666 12,194 11,166 1,704 13,141 1,230 3,225 (1,274) 3,156 329 504	2,629,146 1,947,06 233,350 179,841 14,867 201,257 6,931 11,189 17,109 6,00 13,276 10,141 2,281 4,621 2,281 4,621 2,281 4,621 4	678 22000 11156 11156 2000 1156 2000 1156 1156 1156 1156 1156 1156 1156 1
Jul-03 Aug-03 Sep-03	23,654 23,525 4,413 25,854 15,054 4,439									(30) (207)	(20)		1,323 116	4,743 (85)	726 (25)	94 (97)	(2,034) 533 (15)	(528) (208)	(338) (37)	1,642 (122)	630 3,407	1,748 (755) 3,806	1,490 3,350 (4,884) 5,561	3,225 (1,274)	2,281 4,621	4,1 3,9
Oct-03 Nov-03 Dec-03	15,054 4,439										1,000		(82)	(180)	(61)	(26)	(413)	(10)	(700) (1,200)	0.2	200 872	668 (362)	139 485	329 504	14,073 3,193	7' 9
Jan-04 Feb-04	48 9,960 2,291 (864) (22,632) (3,794) 1,204									(83)	(236)	39		261	(173)	(60)	682	77	10	2,079 129	(7) 277 100 31 35	1,560	50 5,176 (59)	1,810 184	(7) 31 220	
Mar-04 Apr-04 May-04	(864) (22,632) (3,794)										(26)	(28)	(288)	(3,342)	(454) 7	(824)	(1,061)	(1,337)	(1,074)	(3,001) (2,152)	31 35 (246)	(563) (1,643) (1,095)	152 (4,656) (245) (1,678)	(7,494) (76) 512	(424) (25) 874	2,9
Jun-04 Jul-04 Aug-04	1,204 2,469 2,621													(9)		(74)	57	(214)	(82)		(23) 30	(48) (1,321) 65	(1,678) (411) 85	512 511 1,472	874 443 230	1,7 3,2 8
Sep-04 Oct-04 Nov-04	2,469 2,621 7,113 1,424 (439) (1,469) (726) (247) (3,151) (136)														99		(129) 105			78 57 24		1,152	332 0	(25)	(534)	7,0
Dec-04 Jan-05 Feb-05	(1,469) (726) (247)																(75)				(786)	(598) 32 0	(305) (121) 0	(25) (283) (74) 0	503 (544) (86)	(1
Mar-05 Apr-05 May-05	(3,151) (136) 28																0	(233)	(2,123) (300)	(795)		0 49	0 28	0 115	0	
Jun-05 Jul-05 Aug-05	28 (2,377) (4,816)										(15.00)	(7.00)		(16.00)	(238.00)	(1,264) (96.00)	(96.00)	(408.00)	(225.00)	(161)	(1,318) (416.00)	(343)	(219) (820) (506.00)	(709) (961) (105.00)	(750) (110) (101.00)	(53
Sep-05 Oct-05 Nov-05	(1,714) (112)										(10.00)	(1.00)		(28.00)	(250.00)	(30.30)	(50.00)	(1,679.00)	(220.00)	(200.00)	(410.00)	(01.00)	(84.00) (59.00)	(226.00)	(722.00) (22.00)	(47.) (992.)
Dec-05 Jan-06	(369)										(18.00)	(141.00)	(67.00) (14.00)	(47.00) (6.00)	(25.00)	(20.00)	(62.00)	(80.00)		(17.00)	(17.00) (26.00)		(55.00)			
Feb-06 Mar-06 Apr-06	(4,816) (2,573) (1,714) (112) (1,986) (369) (171) (224) 28 558 (34)									98.00					(24.00)	(31.00)	(17.00)	28.00	6.00	(3.00) 400.00 (17.00)	(16.00) 41.00	(15.00)	4.00	(36.00)	(115.00)	(54.)
May-06 Jun-06 Jul-06	0															(24.00)					(17.00)					
Aug-06 Sep-06 Oct-06	(2,988) (239) 0									(13.00)	(216.00)		(123.00)	(61.00)	(36.00)	(12.00) (63.00)	(38.00) (5.00)		(1,203.00)	(189.00)	(288.00)	(102.00)	(105.00)	(197.00) (33.00)	(253.00)	(275.) (15.)
Nov-06 Dec-06 Jan-07	0 (3,468) 0										(67.95)	(63.11)	(85.96)	(26.26)	(90.16)	(9.62)	(41.35)	(281.15)	(75.42)	(17.07)	(124.07)	(341.45)	(406.83)	(314.40)	(830.56)	(692.
Feb-07 Mar-07 Apr-07	0 (43) (1,603)											(141.08)		(42.91) (382.66)								(534.73)	(544.72)			
May-07 Jun-07 Jul-07	0 0 (350)																			(350.00)						
Aug-07 Sep-07 Oct-07	0																			,						
Nov-07 Dec-07 Jan-08	0																									
Feb-08 Mar-08	0																									
Apr-08 May-08 Jun-08	0																									
Jul-08 Aug-08 Sep-08	(28) 0 0										(28.00)															
Oct-08 Nov-08 Dec-08	0 0																									
	60,863,593	1,561,993	1,384,825	1,535,180	1,459,501	1,495,246	1,024,238	1,264,64	1,605,246	2,316,429	2,658,058	2,729,720	1,689,443	1,728,286	2,002,413	2,599,226	2,483,289	2,848,270	2,721,294	2,621,617	2,925,634	3,187,710	3,973,700	4,355,370	4,458,564	4,233,

59,301,600 Total for Dates of Service after 7/1/00

Page

UAHC Health of Tennessee, Inc NAIC 2008 Annual Statement MFT to NAIC Reconciliation

Medical Expenses Per NAIC: Statement of Revenue and Expenses- Page 2A, Line 24	197,512,289	
Add: Reinsurance Ceded from U & I Exhibit, Page 8, Line 15	-	
Total	197,512,289	
Total Medical Expenses Paid per 12/31/08 MFT		
January-December, 2008 for Facility	129,662,092	
January-December, 2008 for Physician	62,764,789	
Primary Care - Caps	4,594,466	
CHA - Transportation	158,288	
Appeals - Other	15,389	
Total	197,195,024	
Unreconciled difference	(317,265)	-0.1609%

MEDICAL FUND MONITORING REPORT GRAND REGION - WEST

	MC)	
UAHC	Health	Plan	of TN

CATIC Health Flair of Tiv																									
Reporting Month			200	7			For the Year			2007						200)8			For the Year			2008		For the Year
December, 2008			Incurred	Month			Ending			Incurred N	Ionth					Incurred	Month			Ending		Incur	red Month		Ending
	January	February	March	April	May	June	6/30/2007	July	August	September	October	November		January	February	March	April	May	June	6/30/2008	July	August	September	October	6/30/2009
nrollment	112,604	111,774	110,612	110,074	109,138	108,492	1,370,193	108,059	107,766	107,624	107,419	106,814	106,397	105,709	105,171	104,725	103,720	102,428	101,386	1,267,218	100,130	99,021	99,161	98,376	396,68
TennCare Medical Fund Target	10,603,731	10,520,064	10,408,886	10,353,609	10,267,979	10,211,170	129,251,520	10,166,720	10,143,096	10,132,637	10,120,626	10,072,305	10,044,819	9,990,073	9,945,139	9,901,442	9,784,533	9,637,430	9,516,812	119,455,632	9,362,831	9,226,426	9,204,095	9,110,180	36,903,53
Payments for Medical Services for the Month																									i
B 92 Payments by the Claims Processing System	12,395,563	11,106,710	11,218,842	11,222,792	11,154,769	10,852,185	135,287,451	11,841,093	11,628,372	11,084,659	11,533,115	11,294,012	11,154,064	12,575,261	10,909,672	11,247,378	11,313,588	11,320,777	11,167,252	137,069,243	10,961,769	10,652,428	9,852,006	8,988,046	40,454,24
CFA1500 Payments by the Claims Processing System	5,763,228	5,318,404	5,779,627	5,527,477	5,702,143	5,449,694	67,363,613	5,441,514	6,280,647	5,431,695	6,033,333	5,391,939	5,195,868	6,103,240	5,625,028	5,509,987	5,700,305	5,269,305	5,110,241	67,093,103	5,704,485	5,732,525	5,626,457	5,376,410	22,439,87
Pental Payments by the Claims Processing System							0													0					ĺ
apitation Payments	494,267	478,875	465,612	485,384	465,095	473,122	5,931,210	470,432	461,298	466,927.78	482,146	472,381	468,880	479,228	471,314	470,282	463,981	453,465	459,655	5,619,990	446,698	452,940	453,733	443,170	1,796,54
narmacy Payments							0													0					
abcontractor Payments for Medical Services	17,578	0	16,990	34,654	16,741	16,618	210,052	16,839	16,471	28,503.76	16,921	16,345	16,512	16,724	16,110	16,007	15,828	15,664	15,829	207,754	15,275	15,636	15,802	15,412	62,12
einsurance Payment							0													0					
ther Payments/Adjustments to Medical Costs	1,006	685	598	4,493	371	0	23,407	584	1,866.73	753.00	1,280	341	2,155	928	890	1,568	406	100	561	11,432	1,897	653.64	1,662	6,725	10,93
ess:																									ĺ
HO Capitation Revenue							0													0					İ
harmacy Rebates							0													0					
ecoveries not Reflected in Payments by the Claims System							0													0					
Total Payments for the month	18,671,642	16,904,674	17,481,669	17,274,799	17,339,119	16,791,618	208,815,733	17,770,462	18,388,654	17,012,539	18,066,795	17,175,017	16,837,479	19,175,381	17,023,015	17,245,223	17,494,108	17,059,311	16,753,539	210,001,521	17,130,123	16,854,183	15,949,660	14,829,763	64,763,73
emaining IBNR for the month	0	0	0	0	0	0	0	0	0		5,000	14,000	37,000	71,000	104,000	174,000	247,000	332,000	419,000	1,403,000	526,000	784,000	1,232,000	2,089,000	4,631,00
Payments and Remaining IBNR for the month	18,671,642	16,904,674	17,481,669	17,274,799	17,339,119	16,791,618	208,815,733	17,770,462	18,388,654	17,012,539	18,071,795	17,189,017	16,874,479	19,246,381	17,127,015	17,419,223	17,741,108	17,391,311	17,172,539	211,404,521	17,656,123	17,638,183	17,181,660	16,918,763	69,394,73
Medical Fund / Total Payments	176.1%	160.7%	167.9%	166.8%	168.9%	164.4%	161.6%	174.8%	181.3%	167.9%	178.6%	170.7%	168.0%	192.7%	172.2%	175.9%	181.3%	180.5%	180.4%	177.0%	188.6%	191.2%	186.7%	185.7%	188.0

UAHC Health Plan of Tennessee, Inc. 2008 Annual Statement UB92 Payments by Claim System (MFT)

Incurred Month of Service 140,566 4,264,164 1,239,917 471,335 Total 7,517,410 8,599,217 8,717,259 7,376,844 3,917,373 2,014,393 Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 .lul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04 Sep-04 Oct-04 Nov-04 Dec-04 Jan-05 Feb-05 Mar-05 313,604 5,413,934 436,088 8,699,596 1,264,059 Month Paid by the Claims System 8,068,686 361,542 404,804 156,192 163,362 620,934 472,018 1,078,413 506,724 5,577,165 1,356,427 274,440 4,821,589 285,129 9,186,300 142,513 97,966 134,609 645,230 297,873 1,688,584 336,012 5,991,421 1,174,054 77,203 47,448 353,026 4,985,976 7,475,95 8,969,11 10,177,07 10,446,82 8,773,991 8,011,375 226,782 35,142 28,966 47,257 12,200 46,066 55,415 106,508 173,452 16,750 129,447 36,782 132,736 140,778 89,150 117,599 266,902 545,693 210,793 1,492,577 596,213 5,308,695 173,584 1,784,358 4,651,172 10,652,196 2,810 4,902 36,354 28,429 88,683 94,489 375,222 406,911 1,326,996 2,838,805 481,813 806,858 36,240 5,800,558 17,267 5,800,558 17,267 39,136 976,400 3,863,809 5,973,672 140,402 368,755 719,721 1,916,818 5,851,227 31,115 9,170,17 11,167,62 9,365,38 368,756 719,721 1193,618 5,681,227 31,115
216,759 492,731 1193,823 315,532 61,44444 123,206
31,206 251,002 2230,004 007,605 230,686 61,114,41 123,206
31,206 251,002 2230,004 007,605 230,686 61,114,41 123,206
31,207 230,004 007,605 230,686 61,114,41 123,206
31,207 230,004 123,004 123,004 123,004 123,004,004 123,006,007 5,575,568 12,004
18,808 57,512 69,250 104,193 131,319 334,121 1,055,764 3,784,223 6,282,419 128,692
50,993 74,315 56,229 68,808 107,799 113,354 464,277 67,365 2,627,747 5,966,383
5,077 43,426 634 54,546 32,419 146,420 104,227 350,140 95,503 37,046
3,000 17,104 13,650 166,972 50,555 105,516 99,307 125,006 22,007 702,208
37,050 (562) 12,392 40,708 12,442 33,751 117,768 (4,708) 55,993 149,802
37,050 (562) 12,392 40,708 12,442 33,751 117,768 (4,708) 55,993 149,802 11,499,29 8,948 6,736 2,063 6,826 26,145 53,153 57,532 85,918 9,907,357 (18) 1,600 2,792 (5,860) (4,212) 2,894 (3,530) (2,207) 81,743 14,783 9,551 11,035,328 5,423 38,196 (478) 6,346 75,230 12.008.95 14.035 8,409 9,396 3.754 6.207 1.956 5.313 11.464 10,271,566 12,583,02 10,976,74 9,428 9,446 4,560 2,939 33,833 11 950 5,622 11,643,835 10,766,128 1,079,047 415,415 2,932,947 719,951 6,403,730 9,670 3,303,801 5,798,697 4,990 (6,312) (571) 8,106 (4,573) (3,510) (3,507) 1,081 5,565 3,049 (1,806) 45,976 (108) (3,192) (2,779)(2,270) 828 (562) 8,805 3,403 34,750 34,347 37,311 5,995,373 50,376 3,241,561 5,289,370 7,134 968,902 4,762,230 6,557,414 11,737,618 11,900,213 10,388,515 977 23,598 13,810 (1,223) 8,831 21,454 12,596 (38,796) (377) 8,561 68,187 23,718 22,624 125,021 204,696 3,573 (1,650)6,278 178,150 339,506 860,246 3,398,457 6,523,211 42,696 29,272 (1,872) 711,554 864,318 3,106,699 160,165 603,733 726,787 3,814 2,476 213,645 4,142 67,828 544,433 167,672 97,05 99,292 89,570 189,902 968.902 4,762.230 6,557,414 117,466 46,860 1,341,463 3,833.797 7,796.902 145,934 155,532 454,833 1,016,703 3,538,888 7,147,807 41,856 290,096 447,068 751,481 3,129,192 161,747 236,473 251,529 741,462 1,036,579 13,920,73 15,055,83 13,219,19 12,718,64 13,197,38 394,495 85,765 13,953,365 11,314,047 11,154,629 11,903,591 (10,184) (5,191) (669) (80) 647 (2,209) (1,719) (1,487) 4,688 (2,366) (20,722) (8,716) (6,117) 274 1,774 (5,971) 5,056 (4,679) (26,546) 14,072 (3,373) 7,678 (52,510) 40,057 40,815 210,996 542,695 954,322 (2,310) 38,796 (55,472) 136,598 14,252 (6,406 5,539) (98,890) 89,306 78,183 3,250 (1,985) (16,784) 53,406 42,309 (14,417) 30,960 9,045 3,441 105,074 7,900 30,614 (795) (17,144) (357,937) 10,866 54,950 (6,237) 1,246,715 378,440 (21,12 (8,609) (54,803) (1,190) 3,816 6,344 2,039 (4,231) 2,487 10,355 (5,320) (2,562) 2,957 1,956 (26,190) (26,190) (2,374) 1,813 (79,872) 9,106,72 (321,434) (119,452 (44,242) (21,806) (9,163) 12,625 (2,270) 25,538 (6,605 50,587 3,892 31,721 (40,705) 29.374 12,403,01 2,267 18,737 2,758 24,277 (1,128) 5,855 5,636 14,872 (68,725) 7,858 18,036 32,988 (1,032) 8,795 33,814 (195) 255,369 (17,289) 5,398 59,61 6,591 (15) 544 2,330 (7,771) (627) 546 (4,266) (4,092) 16,042 (2,790) 3,081 9,779 8,228 872 (6,506) 17,704 9,855 2,414 2,272 16,027 14,117 5,174 5,739 8,222 11,500,046 (17,093) (3,253 (8,865) (27,898) (4,858) (43,525) (1,079) (17,206) (192) (23) (1,024) (19,978) (4,161) 3,632 13,968 67,160 11,418,525 13,675 (118) (226) 14,768 (4,782) (1,864) (7,907) 866 11,940 16,070 1,363 78,117 9.843.14 (570) 10,481 (22,973) 3.586 (102,305) (8.207) 9,536 (17,376) (13,176) 2,315 13,603 8,538 7,297 (76,771) (14,772) 160 6,157 14.597 6.062 11,412,95 2,447.00 59,400 78,128 (4,109) 738 (249) 8,375 460 6,662 (8,741) (293) (1,256) (510) (27,496) (22,223) 4,847 7,538 8,447 1,227 8,641 (2,879.88) (31,204) 14,273,081 3,138 4,669 (4,739) 9,955,795 (190.00) (704.14) (4,639) (7,104) (45,319) (38,869) 11,523,510 2,404 2,700 10,263 5,949 (27,705) 7,392 11,697,74 10,484,98 9,019,60 14,229,84 10,131,47 9,414,40 2,900.00 48,975 (10,891) (7,835) (16,524) (2,024) (1,294) (2,119) 15,648 4,270 (538) 3,965 (1,000) 11,984,594 9,621,474 (4,347) 13,887,956 9,695,135 10,846,568 11,573,337 12,681,364 (3,826) (28,022) (797) (13,455) (8,884) (166)

840,225,834 16.169.155 6,714.971 8.397.504 7.972.999 8.99.788 8.266.507 8.897.291 8.486.697 8.897.291 8.486.697 8.897.291 8.486.697 1.7752.999 8.99.788 8.266.507 8.897.291 8.486.697 1.7752.999 9.974.628 8.786.441 9.792.856 9.693.051 9.532.391 10.7762.91 11.7742.527 10.846.200 11.116.277 11.7721.251 11.976.868 11.815.697 11.486.532 11.891.088 11.1078.19 11.078.19 1

3,300,70 806,52

382,688 294,000

63,89 324,30 29,49 34,52

37,439

12,613

10,512 46,725

9,010

(104,564) 28,761

(81,507

895 (1,337) (2,746)

(187)

Totals

10,209,364

8,377,353 11,791,912 14,306,150 9,606,038 2,454,747

824,126,679 Total for Dates of Service after 7/1/02

Jul-0 Aug-0 Oct-0 May-0 Oct-0 May-0 Oct-0 May-0 Aug-0		Aug-05	Sep-05	Oct-05	Nov-05 [Dec-05 Jan-06	Feb-06	Mar-06	Apr-06 May-0H	6 Jun-06	Jul-06 Au	ug-06 Sep-C	6 Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07 ,	Apr-07 May	y-07 Jun-C	7 Jul-07	Aug-07	Sep-07	Oct-07 No	v-07 Dec-	07 Jan-08	Feb-08	Mar-08 Apr	-08 May-4	08 Jur	Jul-08 Jul-08	Aug-08	Sep-08 Oct-08-8	
Jun-0 Jun-0 Jun-0 Jun-0 Jun-0 Sep-0 Sep-0 Jun-0	78,482 (27,515,528) (27,515,528		795,401 : 470,085 183,099 199,843 13,601 29,396 22,702 6,983 10,054 29,929 19,121 (2,525) 32,243 16,335 20,476 2,969 (1,238)	2,083,985 686,099 3 6849,599 3 6849,599 3 36,444 30,268 23,442 21,018 15,785 24,525 (1,3,24) 11,765 92,321 30,150 (7,267) 40,929 22,900 22,904 (12,586) (12) 3,376 (1,463) (23,100) 1,129	647,877 2,11 80,899 2 80,899 2 80,899 2 80,899 2 80,899 2 80,899 2 80,899 2 80,899 2 80,809 2	83,574 7,902,688 8,1574 7,902,688 126 551,648 8,25502 2842,5502 2842,503 2410 94,282 11,0411 88,841 (19,243) 7,059 1 (19,834) (19,243) 7,059 1 (19,834) (19,243) 7,059 1 (19,834) (19,243) 11,640 7,651 (19,840) (14,76) 11,640 76,514 (19,841) (14,76) (14,76) (14,76) (14,76) (14,76) (14,76) (14,76) (14,76) (14,76) (14,76) (14,76) (14,776)	445.890 17,028.832 2,279.532 2,279.532 2,279.532 2,279.532 2,220.08 2,210.532 2,210.53	(2007,783 (2009,780) 7, 508,714 (108,599) 176,347 (108,599) 176,347 (108,599) 178,347 (108,347 (108,347) 198,128 (108,347) 198,128 (108,347) 198,128 (108,347) 198,138 (108,347) 565.454 284.34747.386 8.06.1865.519.709 2.246.30747.386 8.06.1865.519.709 2.246.30747.386 8.06.1865.519.709 2.246.30747.386 8.06.1865.519.709 2.246.30747.386 8.06.1865.519.709 2.246.30747.386.3074.386.386.386.386.386.386.386.386.386.386	10 182,207 16,468,665 18 2,418,512 1 1 299,407 1 1 340,048 1 1 299,407 1 1 340,048 1 37,599 1 37,599 1 23,460 1 37,599 1 23,460 1 37,599 1 23,460 1 37,599 1 34,424 1 240 1 37,599 1 34,424 1 240 1 37,599 1 34,424 1 240 1 37,599 1 34,424 1 240 1 37,599 1 34,424 1 240 1 37,599 1 34,424 1 34,424 1 34,424 1 34,424 1 34,44 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	7,082,862 233,2273,599 4,500,500,500,500,500,500,500,500,500,50	3,609 7,23 2,446 7,013,81 7,576 2,777 22,77,924 749,06 2,012 369,838 2,025 102,55 3,366 87,777 32 3,297 3,297 3,297 3,553 102,24 3,523 132,973 3,056 6,85 5,515 119,51 3,531 67 3,726 4,43	8 51.098 5 4.371,410 6 795,622 4 337,1410 6 795,622 4 342,543 3 (18,624) 4 11,261 6 (937) 4 (1,903) 3) (11) 1 (11,279) 3 3,462	2,143,931 \$87,510 411,770 183,958 87,005 (34,898) 9,301 (11,054) 25,691 9,748 6,127 (4,932) (2,086) 1,168	6.688,035 2,123,526 8 574,929 290,651 103,950 21,614 19,497 14,158 18,670 13,779 (5,190) 226 (801) (1,086)	3,156,415 2,228,641 7, 818,102 2, 539,457 118,598 78,294 49,445 24,522 (2,750) (23,452) (8,507) 38,173 3,621	,099,638 ,094,528 6 468,470 2 243,705 205,394 14,625 (1,088) 36,477 (2,550) 152,723 (1,651) 2,423	3,839,608 2: 2,264,591 7,4 733,119 2,21 449,759 5: 130,366 5 66,419 1: (2,792) 2: (28,179) (6	00,310 6,745, 64,876 1,913, 14,301 1,339, 14,257 240, 24,568 36, 56,619) (21, 19,957 75, 3,873) 14, 12,209 10,	266 564,79 934 5,671,33 855 3,359,26 657 491,66 767 152,87 275) 229,62 382 79,19 656 140,07 551 3,51	9 492,060 7 435,076 3 82,124 0 913,819 7 93,479	7,103,581 2,078,271 973,767 121,333 162,293 9,308	6,208,253 2,839,426 7 697,043 2 505,484 (8,306)	380,899 321 074,597 6,412 896,066 2,572 88,617 257	,506 105,7 ,040 7,676,9 ,692 1,319,4	998,894 7,322,007	513,427	336,641							
Apr-0 May-0 Jun-0 Jun-0 Aug-0 Sep-0 Oct-0 Nov-0 Dec-0	3 (597) 3 (597)	(2,640) (1,650) (1,612) (37) (37)	(1,760) (1,137) (1,455) (72) (3,750)	(44)	(37)	284 15,545) (87) (6,137) (3,875) 380 (847) 24,466 11,448,977	(4,184) (12) (228)	16,249	(453 3,916 4,047 (512) (236) (3,416 (117) 514	7 3,775 (130) 95 6) (332) 4 (1,059)	(3,327) 2 (6,393) (141) (98) (2,843) (2	2,199 4,45 2,623 3,69 1,826 (3,05 (1,38 4,64 (146) (11- 2,989) (9 (911) (2,33 3,225 11,396,59	3 4,459 9) (2,893) 3) (2,893) 4) (1,437) 1,840 4) (1,543)	23,755 (7,213) (7,576) 7,431 (42)	(5,978) (2,653) 1,240 (335)	11,422 (1,664) (352) (130) (785) 33,750 2,090 (239)	10,661 (2,735) (79) 106,269 (59,660) (86)	20,099 (1,1,430) (76,517) (1,1,430)	(0,672 16; (9,764) 3; (2,639) (1; (1,554 146; 4,604 17;	532) 93,85 881) 6,86 389 57,48 932 4,66 244) 10,64 274 (2,39 600 6,45 393 15,75	0 21,584 3 76,646 5 12,166 6 160,519 7) 11,600 0 16,333 9 7,721	36,421 116,521 733 3,911 7,203 4,182 5,553	9,016 40,529 133,053 7,905 2,438 158,976 3,584 5,751	50,006 82 167,943 157 96,776 114 44,581 35 9,722 (11 75,237 83 3,255 17 (46,184)	.623 304,7 .465 105,7 .963 99,5 .076 56,8 .856) 26,5 .582 156,2 .096 3,1 .735) 3	66 468,842 12 303,947 2 137,291 18 47,811 15 168,324 10 11,753 19 9,279	482,369 2, 376,578 357,391 11,512 105,928 135,365 19,103 26,720	28,550 163,0 1,115 (2,7	734 754,37 128 6,425,482.0 787 2,924,519.0 403 548,308.2 546 249,596.0 976 346,744.0 303 64,624.0 7,131.0	00 125,436 00 8,003,286 25 1,475,886 00 527,926 00 767,496 00 165,007 00 102,206	9.33 5,609,166.15 8.00 3,370,131.00 8.00 809,932.00 7.00 259,098.00 9.00 150,131.00	6,864,516.00 2,621,705.00 587,778.00 257,198.00	60,361.00 7,774.584.00 840,022.00 1,522,198.00 6,715,445.00 494,863.00 1,432,579.00 9,852,006 8,988,046)

UAHC Health Plan of Tennessee, Inc. 2008 Annual Statement HCFA Payments by Claim System (MFT)

Incurred Month of Service Total 3,580,169 Before July Aug-02 Sen-02 Oct-02 Nov-02 Dec-02 lan-03 Feb.03 Mar_{*}03 Anr.03 May₂03 lun-03 lul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 Jun-04 Jun-04 Jul-04 Aug-04 Sep-04 Oct-04 Nov-04 Dec-04 Jan-05 Feb-05 Mar-05 Apr-05 31,878 3,548,291 1,552,182 1,480,516 25,419 4,547,581 4,224,686 687,067 210,879 1,461,988 491,302 2,336,368 1,125,398 62,158 2,281,503 Month Paid by the Claims 6,046,349 978,941 450,921 682,410 1,302,977 2,570,451 60,649 Dec-02 4 917 242 80,164 111,539 484 342 1 397 681 2 421 612 107 571 226,212 71,607 1,293,561 306,997 86,433 365,264 131,866 4,364,639 5,237,612 4,661,132 2,439,793 1,335,227 245,279 118,361 Mar-03 78,402 27,844 34,161 11,997 32,427 25,400 13,456 50,475 19,283 78,312 40,480 12,258 98,025 59,104 20,754 237,024 138,373 1,194,384 284,454 149,638 128,663 3,107,646 5.276.540 23,654 26.984 42,187 53.285 266,719 1.416.128 3.048.475 203.886 209,478 3,404,164 120,188 1,476,059 3,231,568 128,206 5,602,501 5,303,535 25,854 15,054 6,604 2.514 38,424 1,975 132,254 19,220 343,262 132,768 1,474,735 279,343 6.659 1,476,099 3,231,568 1,782,709 1,782, 6,236,308 5,060,463 4,439 1,206 4,314 5,986 9,813 5,414 6,450 19,375 31,956 5,776 43,002 44,991 13,517 130,798 45,595 4,917 5.254.638 2.457 6.638 19.866 10.249 20.17 5,643,008 5,637,417 (2,036) 1,250 (9,241) 1,828 (24,093) 4,925 (24,903) 9,444 (28,326 7,642 5 448 223 13,564 30,011 57,410 57,691 154,048 261,366 1,278,788 3,489,565 58,611 17,571 31,592 30,433 37,528 86,673 189,788 355,699 1,792,434 3,712,057 199,481 8,420 14,541 16,393 26,601 33,296 48,071 168,612 305,535 1,203,323 3,588,783 52,238 6,468,407 5,492,167 2,902 5,438 1,585 6,544 3,977 4,640 | 15,893 | 10,446 | 31,058 | 79,962 | 126,109 | 22,279 | 1,77,721 | 3,959,530 | 213,436 | 23,436 | 3,469 | 8,551 | 17,138 | 12,764 | 36,133 | 38,481 | 44,482 | 147,49 | 36,053 | 10,746 | 3,469,862 | 77,729 | 8,123 | 4,061 | 7,651 | 7,278 | 9,067 | 7,511 | 30,458 | 54,509 | 162,612 | 353,937 | 1,882,516 | 3,536,530 | 71,088 | Aug-04 6 574 984 3 976 (5.524) 7,064 1,939 1 488 5,752,606 5,842,712 6,253,483 4.061 7.551 7.278 9.067 7.511 30.458 54.509 162.612 353.937 1.982.516 3.586.530 71.098 159.414 12.326 1.0380 14.393 30.478 38.491 45.5861 152.67 2.022.473 1.543.565 3.665.948 159.414 1.0380 1.0380 14.393 30.478 38.491 45.5861 152.67 2.022.473 1.543.565 3.665.948 159.414 1.0381 159.414 1.0381 1.0381 1.0381 1.0380 1.0380 1.0380 1.0380 1.0380 1.0380 1.0380 1.0380 1.0380 1.0380 1.038.01 1.0380 1 5,980,436 5,739,118 (1,469) (726) 1,428 (1,428) 3,278 1,565 371 4,865 5,902,25 6,511,869 7,380,156 6,549,446 Mar-05 350,262.00 1,427,068.00 4,150,648.00 237,409.00 145,306 339,871 1,289,154 4,200,125 55,408 150,368 318,196 1,187,431 (1,414) 1,180 (641) 2,283 2,20 4,795 6,849 7,884 930 42 5,415 4,675 20,519 1,027 (992) (2,439) 1,883 (1,123) 4,921 128 (1,376) (1,430) (4,090) 1,510 (4,224) 6,302,324 5,941,060 2,279 (736) (174) (1,648) Jul-05 1,600 10.146 14,016 10,954 30,896 22,971 10,304 10,3086 22,297 13,3043 14,482 22,643 13.7 (1,197) 2,199 5,485 24,545 13.7 (1,197) 2,199 5,485 24,528 14,528 6,448 149 54,436 81,624 181,999 325,594 6,430,842 (2,573 (3,486)(234) (925) (4,090) 14,434 3,068 (31) (255) 2,636 5,145 5,492,36 5,217 123,691 74,737 5,132 2,077 17,887 Oct-05 5.841.739 14.527 (1.590) (599) (1.97) (265) (265) (3.28) (1.100) (265) (3.28) (1.100) (265) (3.380) (1.500) (6.892) (2.512) (3.088) (1.500) (6.99) (831) (2.074) (1.108) 780 (54) (2.374) (1.108) 780 (54) (1.005) (1.92) (47) (1.005) (1.92) (47) (1.005) (1.92) (47) (1.005) (1.92) (47) (1.005) (1.92) (47) (1.005) (1.92) (47) (1.005) (1.92) (47) (1.005) (1.92) (47) (1.005) (1.92) (47) (1.005) (1.92) (47) (1.005) (1.92) (47) (1.005) (3,413) (1,397) 489 3,329 875 (1,809) 137 1,218 (745) (340) 6,529 2,536 1,435 (188) 4,127 60,795 33,009 12,781 5,884 9,385 5,195,207 6,077,224 (63) (447) (785) (1,041) (1,226) (881) (4,330) (5,580) 1,429 (995) (4,946) (2,789) 23,650 (2,805) (128) (182) 32,017 (1,280) 12,411 8,246 (3,583 5,832,379 5,472,697 6,227,016 6,656 13,458 10,106 Apr-06 5,699,714 5,161,654 1,306 1,812 3,740 6,801 (3,337) 7,669 3,349 3,762 6,359 6,734 17,094 9,718 20,574 14,322 2,427 5,464,597 Aug-06 5.495.945 (2.988) (2.687) 63 (136) (639) (2.983) 5,192,923 6,293,380 (688) (1,731) 3,143 (4,213) (239) (864) 67 (666) 2,833 3,900 5.346.180 (8,205) 3,276 (1,475) 4,293 6.289.327 (3,468) (141) 11,152 1,532 (1,422) 6,123,524 1,404 1,810 (208) (2,421) 1,108 6,137,081 5,390,849 (265) (102) (1,934) (185) 449 (187) 6,979,700 2,536 3,762 430 4,669,004 362 1,830 1,625 5,275,241 6,115,468 4,999,278 6,065,062 (313) 6,700,795 5,379,467 (5,266) 5,639,204 5,137,115 5,330,65 Apr-08 6,661,092 5,000,047 5,883,887 5.034.271 (1,858) 7,146,405 (864) 5,203,446 1,112,920 432,906,349 7,430,169 4,719,403 4,342,654 4,228,079 4,594,441 4,384,269 4,807,954 4,910,599 5,621,063 5,571,752 5,615,753 5,542,190 5,909,213 5,244,007 5,659,544 5,790,894 5,619,441 6,326,687 5,965,823 5,562,288 6,188,107 6,047,955 6,251,957 6,057,360 6,027,935 5,976,700 5,718,983 6,310,169 6,258,024 6,966,597 6,334,651 6,373,989 4,338,420 4,577,415 4,791,183 4,949,666

425,476,180 Total for Dates of Service after 7/1/02

Totals

UAHC Health Plan of Tennessee, Inc. 2008 Annual Statement HCFA Payments by Claim System (MFT)

		Jun-05	Jul-05	Aug-05	Sep-05 Oct-05	Nov-05 Dec-0	5 Jan-06 Feb	-06 Mar-06 A	pr-06 May-06 Ju	n-06 Jul-06 A	ug-06 Sep-06	Oct-06 Nov-	-06 Dec-06	Jan-07 Fe	b-07 Mar-07	7 Apr-07	May-07 Jun-07	Jul-07 Aug	-07 Sep-07	Oct-07	Nov-07 Dec	-07 Jan-08	Feb-08	Mar-08 Apr-0	08 May-08 J	un-08 Jul-08	Aug-08	Sep-08 Oct-08
	Jul-02 Aug-02																											
	Sep-02 Oct-02																											
Month Paid	Nov-02 Dec-02																											
by the Claims	Jan-03 Feb-03																											
System	Mar-03 Apr-03																											
	May-03 Jun-03																											
	Jul-03 Aug-03																											
	Sep-03 Oct-03																											
	Nov-03 Dec-03 Jan-04																											
	Feb-04 Mar-04																											
	Apr-04 May-04																											
	Jun-04 Jul-04																											
	Aug-04 Sep-04																											
	Oct-04 Nov-04																											
	Dec-04 Jan-05																											
	Feb-05 Mar-05																											
	Apr-05 May-05																											
	Jun-05 Jul-05	206,298 4,002,683	143,370																									
	Aug-05 Sep-05	335,530			79,423																							
	Oct-05 Nov-05	160,206 112,187	288,172 288,121	490,596 1,3	23,372 178,536 08,780 3,790,431	298,648	7																					
	Jan-06 Feb-06	75,728 35,990 10,959	88,875 48,988 12,276	84,904 2	20,265 488,009	3,243,627 128,493 1,382,299 3,465,500																						
	Mar-06 Apr-06	6,191 13,641	12,276 32,679 19,755	22,298	23,410 213,076 56,026 56,945 21,108 37,311	166,211 367,072	3,606,396 254,5 1,167,073 3,323,2 423,977 1,218,5	65 227,435	1502																			
	May-06 Jun-06	19,389	14,318	42,988	27,077 12,314 12,991 10,451	19,389 49,358	203,936 284,9 48,005 158,2	82 1,149,820 3,520	5,240 304,744 5,914 3,444,803 101	994																		
	Jul-06 Aug-06	17,278 1,552	3,208 (4,926)	3,656	6,889 13,366 (3,294) 8,447	21,725 10,590		135,783 29	7,964 1,340,079 3,334 3,429 354,678 1,238	512 120,304	9.278																	
	Sep-06 Oct-06	2,874 (473)	2,750 7,629	2,331 3,536	2,985 10,835 4,894 5,109	23,158 12,916 782 19,093	13,985 30,7	30 22,168 3	1,941 155,345 290	754 1,217,483 3,33 956 432,503 2,05	3,423 30,768	81,157																
	Nov-06 Dec-06	(6,367) 676	(6,545) 1,573	(2,219) 6,597	(447) 1,585 3,136 7,042	(1,983) 1,090 1,307 2,411	1,343 11,4	27 2,253	1,472 26,825 43 3,456 17,818 11		9,523 337,223																	
	Jan-07 Feb-07	3,834 2,837	(1,246) 5,549	542 3,750	1,877 (942) (928) 6,799	(481) 672 5,736 4,744	7,070 18,9	14,564			5,165 206,940 5,222) 27,397	396,578 1,036,02 185,130 553,16	60 1,514,114	3,436,595 367		_												
	Mar-07 Apr-07	7,936 2,590	3,285 4,527		364 6,706 3,388 4,829		7,291 13,6	28 13,078	7,683 8,608 10	305 10,708 6 254 10,829 2	3,121 11,139	51,739 167,71 2,874 126,85	50 317,913	1,480,802 3,372 290,767 1,077	,349 3,298,840	166,628												
	May-07 Jun-07	(1,853) (436)	(118) (921)		(1,633) (2,127) 687	(2,331) 53 (771) (605	(286)	(3,358)	1,249 77	985 (294)	2,513 2,739 2,739	14,460 36,43 570 12,30	09 2,918	37,982 104	,059 251,022	4,007,590 6 809,699 3,2	212,644 233,077	<u></u>										
	Jul-07 Aug-07	719 (114)	705 1,095	216	69 50 148 (1,065) 215 (61)	(277) (1,091 553 176	909 (6	(89)	(895) (6,763) (1	157) (1,264) (1		(1,230) 6,65 (12,050) 2,33 1,829 1,84	37 20,437	6,652 2	,788 33,764	140,748 3		3,803,038 444,9										
	Sep-07 Oct-07 Nov-07	(12) (237)	(238)	400	171 148	(629) (759 565 823	4,781 3,7	50 9,205	2,465 7,501 3	480 5,049	6,274 7,945	6,628 6,16	69 6,115	4,325 2	,104 6,099		66,749 194,536		83 3,497,341	192,264	275 257							
	Dec-07 Jan-08		(1,220)	(166) 40	(378) (2,627) (518) (52) (1,747)	(75) (3,085 32 (171) (15	(496) (1,2		,677 (580) (2		321 491 (248) (1,478) 975 262	1,914 1,41 (1,670) (5,38 (282) 83	80) (20)	(5,679) 4	,191 71,848 ,138 5,566 ,177) 514	4,762	61,430 44,982 (947) 26,561 (2,284) 217	27,193 140,5	56 347,974	1,127,364 3,	375,357 431,135 296,7 062,294 3,603,9							
	Feb-08 Mar-08	(74)		(282)			2,033 9,0	82 (133)	57 20	78 61	714 4,148 (9,763) (4,841)	(593) 80 (8,175) 59	01 478	11,509	(237) 1,785 (673) 487	8,187	7,786 2,231	6,940 9,7	91 18,947	126,269		68 3,490,768	337,732 3,463,887 2	72 626				
	Apr-08 May-08	(172) (960)	(265)	(426)	(609) (2,608) (170) (1,168) (1,719)	(180) (100 (37) (500) (1,616	(54)	6	(567) (24) (2 (213) (388) (4	450) (679)	(46) 63 (709) (506)	207 (6,33 (1,258) (2,23	38) 3,298	354 3	,481 (6,179) ,302) (2,019)	118	1,086 2,902 (756) (362)	12,024 1,6	5,087	10,515	40,483 118,6 187 53,4	17 410,983	1,152,659 3,3	31,329 113,58 124,425 4,062,71				
	Jun-08 Jul-08	(58) (122)	(132) (318)	(46)	(218) (29) (263)		(12,350) (8,9				(6,249) (4,167) (24) (361)	(2,235) (2,98 38 1,14	83) (2,283)	(33)	(718) (171) (584) (758)	(4,597)	3,390 7,547 (3,992) (836)	3,603 (3,1 (1,792)		9,557	4,459 28,0 6,794 14,7	11 100,586	163,630 2	70,204 1,025,25	4 3,282,078 17 2 1,109,847 3,78	3,002 5,069 451,602	1	
	Aug-08 Sep-08		(17)	(213)	(71)	(111) (27			(65)	170) (25) 332	(30) 16 224	13	34 92 86) (577)	626	916 199 (12) (1,996)	(920)	582 (423) (256) (443)	(1,220) (5	i01 4,280 i53) 419	4,965	6,524 8,4 3,510 3,7	29 8,453	16,378	8,398 42,38		4,872 1,083,544	3,723,345	192,939
	Oct-08 Nov-08	(1,214)	(1,344)	(1,282)	(36)		6	496	,735 107	5 (5)	(795) 244 694	(306) (30 (154) (1		(234)	(55) 325	(1,897) 1,509	(972) (252) 957 (18)	949 (7 266 1,0	78) 5,506 103 1,849	748 2,794	1,275 9,2 8,425 2,8	10,656 125 10,523	13,898 10,532	16,813 15,33 17,015 17,69	5 54,244 16 9 46,653 4	7,479 360,640 0,339 125,543	1,350,943 4,5 225,165	518,016 638,102 753,522 3,937,039
	Dec-08						(166)	(22)			(132) (1,037)	(248)		(27)	72		(70) 458	OL.	74 284			(713)	(142)	(168) (99			94,767	,
Totals	<u> </u>	6,459,064	5,993,148	6,519,198 5,8	94,623 5,760,097	5,696,453 5,510,350	5,697,803 5,477,2	40 5,926,138 5,12	2,732 5,720,237 5,227	338 5,548,614 6,17	4,562 5,626,727	5,908,987 5,423,11	18 5,141,034	5,763,228 5,318	,404 5,779,627	5,527,477 5,7	702,143 5,449,694	5,441,514 6,280,6	47 5,431,695	6,033,333 5,	391,939 5,195,8	68 6,103,240	5,625,028 5,5	09,987 5,700,30	5 5,269,305 5,11	0,241 5,704,485	5,732,525 5,6	626,457 5,376,410